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## *Editor's Page*

LAST YEAR WAS important—we had at long last come together to declare ourselves one profession. Karl de Schweinitz in a fine paper at the Council on Social Work Education in Buffalo told us that the social worker, as a professional, is now committed "to give up isolation," to give up "compulsive action."

From now on the profession will be what we make it collectively; perhaps "collaboratively" is a better word, since more than ever quality of practice must depend on the skill, insight, and knowledge of individual practitioners. But it is not enough to conceive of the profession as a framework. It has goals, characteristic method, and must develop new knowledge and increasingly meaningful insights. To the purpose of collaboration, clarification, and above all communication this journal dedicates itself.

The task for any profession is to enlarge its understanding of and contribution to human needs. One of our oldest and most cherished values embedded in practice calls for self-involvement, yet it is far easier to involve one's self emotionally and creatively with the familiar, the near at hand, the stress of everyday problems. Identification with the profession as a whole calls for stronger conviction and longer perspective. The whole field of knowledge, even within our own profession, is increasing so rapidly that new problems call insistently for new as well as old ways of coping with them.

In January 1947 Eduard Lindeman wrote in a paper called "Social Casework Matures in a Confused World":

A method for solving problems may be regarded as mature when it is capable of absorbing relevant data and devices from ever widening and varied sources so long as these assimilations do not lead to confusion with respect to its major hypoth-

esis. . . . A profession is on its way toward maturity when its goals and purposes may be clearly stated, when there exists a recognized consistency between its goals and its methods (its ends and its means), and when its practitioners are prepared to impose upon themselves standards of conduct consonant with high moral principles.

His statement is amply confirmed by the events of the ensuing years. In looking back over the files of our former journals, we were struck with the range of interest, the spread of intelligible communication, the growing but unmistakable trend toward integration. Our review found a thoughtful conclusion in Bertram Beck's assertion of the contribution of our professional competence "wherever it is called for, over wider reaches of the world, and over wider reaches of experience."

Since the function of *SOCIAL WORK* is to further the professional challenge and obligation to communicate so ably begun by the previous journals, a policy and procedure for articles will be outlined in future issues. Meanwhile, we see it broadly as the central medium for reporting and critically reviewing practice and social issues. The main content will be the contribution of practitioners, whether they are engaged in individual or group practice, community planning, social administration, research, or social action. Our primary commitment for book reviews will be everything significant published within social work. There will always be room for important articles and books in the larger field of social welfare.

We shall have more to say later, on this page or in Notes and Comments, on problems of communication, but meanwhile the membership is not invited so much as *urged* to write, to write, and to write—from us all and for us all!

G. H.

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BY ARTHUR J. ALTMAYER

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## *The Dynamics of Social Work*

SOCIAL WORKERS ARE rightly concerned not only about the practice of social work as a profession but about the contribution social work can make to social welfare as a whole. When I speak of social welfare, I mean social welfare in its largest sense of human welfare, not simply an artificial fragment labeled "social welfare."

It would indeed be presumptuous for social work to claim that it has a monopoly in its concern for promoting social welfare. But it is true that social work is the only profession that is consciously attempting to apply the findings of the social and biological sciences to promote social welfare in all its phases as affecting the everyday life of individuals and communities. It is also true that in so doing it is animated by, and tests its success by, the effect on individual human beings of flesh and blood and not by any abstract economic, social, or political standard.

This constitutes the dynamism of social work. It is inherent in all phases of social work whether it be casework, social group work, community organization, social ad-

ministration, or any one of the specialties. How can this dynamism be translated into the actual dynamics of action?

In the old days social work was not differentiated from social welfare in the large sense of the term. Perhaps we should speak of the social workers of yesteryear as social welfare workers. Many of them were necessarily social reformers concerned about such obvious social evils as child labor, sweatshops, starvation wages, industrial accidents, occupational diseases, widespread tuberculosis, and the like.

All these evils have by no means been eliminated, but they have become greatly ameliorated. Today the social evils confronting us are not so largely due to economic causes. They are more subtle, more pervasive, and more difficult to attack because to a considerable extent they grow out of our changing way of life.

World wars, increasing urbanization and industrialization, increasing population, increasing mobility of people, commercialized recreation, have all created problems which we are far from having solved. Moreover, they cannot be solved simply by legislation, but must be solved largely by better social planning and better social organization in our towns, cities, and states where people must learn how to live and work together for the common good under rapidly changing and increasingly difficult conditions.

ARTHUR J. ALTMAYER, former commissioner of Social Security, Federal Security Agency, is now serving as consultant and lecturer in the field of social insurance. This paper is the address he delivered as president of the National Conference of Social Work at its 82nd Annual Forum in May 1955.

We are too prone to look back with a sigh to the great days of social reform and the great deeds of social workers of a by-gone day. We are accused, and indeed accuse ourselves, of having had our attention directed away from the environmental causes of human misery and unhappiness in our preoccupation with applying our newfound knowledge and skills to analyzing and solving the personal causes of individual maladjustment and family problems.

It is true, of course, that many individual and family problems do grow out of unsatisfactory economic and social conditions; but it is also true that we cannot solve many of our economic and social problems without the understanding of individual human behavior. There is a closer relationship between the so-called "wholesale" or "mass" programs and the "retail," individualized methods of casework than many people realize.

The specialized knowledge and skills that we have been developing since the days of the great social reformers are skills we need to cope with the newer types of social problems. They should not be depreciated. They should be put to work more effectively in solving these problems. But the big question is how the individual social worker can play a significant part in applying his skills to this larger purpose.

To be most effective, it seems to me necessary that social workers select specific objectives to the attainment of which they can make a definite contribution because of their professional knowledge and skills. It also seems to me that social workers should not overlook the possibilities that lie close at hand. Social welfare, like charity, may well begin at home.

At the very least it should be possible for social workers to stimulate their own agency to undertake more systematic and continuing studies of the social results of existing agency policies to determine whether they are in need of change. It should be possible to go further and stimulate their agency to co-operate with other

social agencies in focusing on particular social and economic problems of concern not only to individual clients but to the entire community. Oftentimes lack of public understanding or lack of generally available information or lack of concentrated attention on a particular problem is the chief handicap to effective social action rather than outright opposition to change. Often the problem is one that is generally recognized and is of great concern to the community, but its complete solution calls for social planning and social organization on such an extensive scale as to inhibit even a beginning being made toward a solution. Social workers ought to be able to suggest practical first steps that could be taken, so that a community might begin to move from discussion to action.

When we have thought about how we can promote social welfare generally—what is usually called "social action"—we have thought largely in terms of influencing new legislation and dramatic reforms. We have not thought enough about specific ways in which we can promote better social planning and social organization in our own community. We have not thought enough in terms of improving existing social welfare programs, both government and non-government, where general policy has already been agreed upon but where great gaps may exist between social purpose and social results. These gaps may be due to downright administrative inefficiency or they may be due to shortcomings in the implementation of the general policy. And failure properly to implement general policy may be unwitting or deliberate.

#### GAPS IN PUBLIC ASSISTANCE

Let me cite an outstanding illustration of an existing social welfare program where there is a great gap between purpose and results. The original public assistance titles of the Social Security Act have been on the statute books for twenty years. All states have had these programs in operation for many years. But it is doubtful whether

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there are more than a handful of states where it can be said that not only are all needy persons actually receiving adequate assistance but also that people in equal need are being treated equally regardless of where they live within a particular state.

The Social Security Act does not require all states to meet a uniform, nation-wide standard of adequacy as a condition for the receipt of federal aid. In fact, the federal law clearly leaves it to the discretion of each state as to what level of adequacy is "practicable under the conditions in such State."

The obvious justification for providing less than adequate assistance would be lack of fiscal capacity. And it is true that in general the states in which the average monthly assistance payments are low are the states having a relatively low per capita income. But an examination of the data also shows that many of the states (including low-income states) that provide low assistance payments spend a much smaller proportion of the total personal income of the people in these states for public assistance than do the states that provide higher assistance payments. In other words, these states could provide more adequate assistance if their citizens were willing to make the same fiscal effort as states that provide higher assistance payments. Putting it another way, these citizens are not convinced or are not aware of the fact that poor people in their states need as much food, clothing, and other essentials of life as do the citizens in other states. Otherwise, for example, the cash amount for food, when all food must be purchased, would not vary by states all the way from \$20 to \$34 a month for an aged person. Certainly social workers can be of great help to the citizens of a state in reaching a right decision.

I have been discussing the categories of public assistance which the federal government helps finance. The federal government does not help finance general relief, or "poor relief," as it is sometimes called. And in nineteen states neither does the state government help the local government fi-

nance the cost. The result has been that needy persons who cannot qualify under one of the four federally aided categories of public assistance—for example, the unemployed and temporarily disabled—are having their needs met even less adequately and consistently in most states. Again it is clear that social workers can be of great help in calling public attention to the situation existing in their community and state.

### **INSURANCE, COMPENSATION, MEDICAL CARE**

Another outstanding example of a social welfare program where there is a great gap between social purpose and social results is unemployment insurance. Social workers do not actually participate in the administration of this program as they do in the case of public assistance. But they are in the best position to judge whether unemployment insurance is really accomplishing its basic purpose of serving as a first line of defense against economic hardship due to loss of employment. Today the average weekly benefit paid is about one-third of the average weekly wage. While the length of time for which benefits are paid has been increased somewhat, about one out of every four unemployed workers exhausts his benefit rights before he finds another job. It is estimated that, during 1954, 1¾ million unemployed workers exhausted their benefit rights. The result has been that in many states the general relief rolls doubled. Is it not possible for social workers to do something to promote better public understanding of the need for improving the law so that it is more effective in accomplishing its purpose?

Another important social welfare program that is failing to accomplish its social purpose is workmen's compensation. We have had workmen's compensation laws on our statute books for almost half a century. They were intended to provide a reasonable amount of financial protection to work-

ers disabled because of industrial accidents or occupational disease. Although social workers are not engaged in the administration of these laws, they see the effect on the families of injured workmen when loss of income is not adequately compensated.

After all these years, one-fourth of the workers in this country have no protection under these laws, and in only half the states is compensation paid for all occupational diseases. In the other half no compensation is paid for any occupational disease whatsoever, or it is paid for only a few kinds of occupational diseases. The weekly rate of compensation for temporary disability averages only 40 percent of wage loss. In the case of serious permanent disabilities, such as the loss of a leg or arm, the period for which compensation is paid is usually restricted to anywhere from three to ten years. In the case of death the widow usually receives compensation for eight years or less. Only a minority of the states pay additional benefits if the deceased worker also left orphans surviving him.

Again, the explanation for the failure of workmen's compensation laws to accomplish their social purpose must be due to lack of understanding on the part of the public. And again the question arises whether social workers cannot do something to promote better public understanding.

There are no social insurance laws covering the cost of medical care for nonindustrial disabilities. This type of protection, usually called "health insurance," is the most universal form of social insurance. It is in effect in all other industrial nations and in most nonindustrial nations as well. However, in this country the combined opposition of the American Medical Association and commercial accident and health insurance companies has prevented its adoption. It would probably be unrealistic to urge individual social workers to take the lead in advocating the passage of such laws in the face of such opposition. However, I would hope that organizations of social workers would study health insurance pro-

posals presented to the Congress and to state legislatures with a view to taking a position on the merits of such proposals.

I would also hope that social workers would study the existing provisions in their own communities for financing the cost of medical care, particularly for low-income families. Nongovernmental health insurance plans furnish some protection against medical costs. It is claimed that as many as 100,000,000 persons have some protection. However, most of this protection covers hospital expenses only. All told, only 20 percent of the total private expenditures of the American people for medical care is covered by these plans. Moreover, a relatively small proportion of low-income families and people living in rural areas have any protection.

I particularly urge that social workers concern themselves about whether recipients of public assistance in their community are actually receiving adequate medical care. It has been said that only the very rich and the very poor receive adequate care. Whatever may be the situation as regards the very rich, information published by the Department of Health, Education, and Welfare shows that in eight states no payments for medical care are made from public assistance funds and that in nineteen other states expenditures for medical care averaged less than two dollars a month per person receiving assistance.

So far I have discussed only social welfare programs designed to cope with economic needs. But, as I suggested at the outset, many of our present-day social problems cannot be solved simply by meeting the economic needs of individuals. They require greatly expanded social services of all kinds to be provided both by nongovernmental and by governmental agencies. They also require better social planning and organization in all our communities and states. Social workers of course have the responsibility of supplying the necessary specialized social services. But they also have a greater and more difficult responsi-

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bility to assist all groups within the community to achieve better community organization, which is the *sine qua non* in coping with these problems.

### NONECONOMIC AREAS

Let me refer to only a few of our social problems that are not primarily economic in character. Juvenile delinquency is by no means confined to slum neighborhoods and low-income families. The needs of our aging citizens are no longer largely economic; our problem now is how we can enable them to lead happy and useful lives even when their livelihood is assured.

We are also struggling with the problem of how we can better prevent and care for chronic illness. We are told by the Commission on Chronic Illness that "home care programs properly organized offer the most effective method yet devised for bringing to long-term patients and their families the coordinated services required." We are also told that these coordinated services, which include social work, are being developed in only a few communities and that, in general, community planning continues to underemphasize home care.

We have become increasingly concerned about the growing amount of mental illness. We know that community planning can help promote mental health, which is better than trying to cure mental illness after it has developed. We are finding that many persons now in mental institutions need not be and should not be kept there. We know that with appropriate follow-up services, including social work services, they can return to their families and communities and lead useful lives.

Vocational rehabilitation is another subject of concern to social workers. Rehabilitation has come to the forefront of public consciousness, largely because of successful work with seriously disabled veterans and miners. But much of the increased congressional support has been due to the successful results flowing from the cooperative relations established between public welfare

agencies and rehabilitation agencies under the Aid to the Disabled provisions of the Social Security Act. All cases are studied by a team consisting of a medical doctor and a social worker. Those indicating the possibility of rehabilitation are referred to the rehabilitation agency. And social workers have been found necessary to help persons undergoing vocational rehabilitation with their individual and family problems.

But social workers are rightly concerned that rehabilitation efforts not be limited to those who can be most easily rehabilitated or who are likely to develop the highest earning capacity. They recognize that it is also socially desirable that those who can be rehabilitated to the extent of taking care of themselves and being more useful members of the family not be neglected.

The problem of discrimination against minority groups, particularly Negroes, constitutes a great challenge to social workers. The movement away from segregation in the public schools does not involve simply the negative process of desegregation but also the affirmative process of integration whereby all citizens in the community freely accept and truly benefit by the change. Social work skills can make a great contribution in facilitating the personal and community adjustments involved.

Practically none of the problems I have mentioned requires new social agencies and new professional skills. Most of them require adjustment of existing social programs and more effective community organization. And by "community organization" I do not mean simply better coordination of existing social agencies, essential as that is. We must think of community organization as applying to the total community life instead of to a segment artificially labeled "social welfare."

Not only as regards community organization, but as regards all the specific matters to which I have referred, social workers can be most effective if they ally themselves with other professional groups and lay groups within the community. It is not

only that they need the understanding and support of these other groups. It is because these other groups have a great deal to contribute in planning any action program, which requires of necessity not only technical knowledge but perspective, a sense of priorities, and a sense of practicality. There is hardly any social welfare project that does not involve other professional groups, and they all necessarily affect everyone in the community in one way or another.

We pride ourselves on our professional skill in working with people. Too often when we say that, we are thinking only of our clients. We ought to be thinking constantly in larger terms of working with individuals and groups in the community in promoting not only our own specific program but social welfare as a whole.

### USE OF SOCIAL WORKERS

I believe that increasing participation of social workers in action programs of the sort I have suggested, however modest their immediate objectives may be, is of tremendous importance to the future development of our profession. As I view the developments of the last twenty years social workers have not been as influential as they could have been, and have not been used to the extent that they should have been.

I think this is particularly true of the so-called "mass" programs of which social security is the outstanding example. This, I believe, is largely due to the fact that social workers themselves did not appreciate fully the contribution they could make to the administration of these programs. The public and the responsible public officials could not be expected to be impressed with the desirability of using social workers in key administrative positions when social workers themselves were doubtful as to their professional qualifications for such positions.

Of course, in the administration of public assistance there was no question as to the reliance on trained social workers. The contribution that the profession has made

not only to the policies written into law but in the implementation of these policies in actual practice has been truly magnificent and by no means fully appreciated. But even as regards public assistance one sometimes hears social workers themselves speak of its administration as involving only the routinized payment of cash assistance and little if any genuine social work service. Failure of social workers to appreciate that public assistance properly administered is far more than that is shocking. Public assistance properly administered is not merely a tool to be used in rendering social service—the entire process is a social service.

As regards other social security programs, such as Old-Age and Survivors Insurance (OASI) and Unemployment Insurance, social workers, of course, have supported these programs as necessary for preventing or relieving economic need. But, by and large, they have been doubtful that the administration of these programs called for social work skills. There are certain special aspects that clearly do, as I shall indicate. But as regards the very top administrative positions it seems to me unfortunate that the qualifications of social workers were not recognized. Industrial relations specialists, group insurance specialists, persons with public administration experience in other fields, economists, lawyers, accountants, and engineers were all considered to have qualifications suitable for these top administrative positions—but not social workers.

I would not argue that all social workers should be automatically qualified for these positions, but those with considerable administrative experience in social agencies could have made a great contribution. The administrative processes involved problems of organization and procedures which were so unique that they required experimentation in any event. Social workers with administrative experience would have had the advantage of experience already acquired in coordinating and focusing the many pro-

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professional skills involved in carrying out a social program. Above all, they would have had the advantage of being conditioned always to think in terms of the impact of these so-called "mass" programs on individual human beings. They would have always been aware that the beginning and the end of these programs is the well-being of these individual human beings.

There are certain aspects of these social insurance programs that clearly call for the special skills of social workers. Today, there are over a million children receiving orphans' benefits under OASI. Many thousands of these are not in the care of their mother or a close relative. Some are in orphan asylums. The law authorizes the administrative agency to make payment to any proper person in the interest of the child. Besides the problem of determining who is the proper person to receive payment on behalf of these children and under what conditions, there is the problem of making payment in behalf of thousands of the senile aged who have not been formally adjudicated to be legally incompetent. Again the administrative agency is authorized to make payment to any person it thinks proper in the interest of the aged person. How can the local office personnel act intelligently in these cases without the advice of a social worker?

Then, too, thousands of troubled persons who are applicants and beneficiaries under OASI ask for advice and assistance with their particular problems. What should the local office personnel do in these cases, without having available the services of a social worker? Assuming that the local office should not itself undertake to provide social work service, how should it be guided in determining whether it is necessary to refer a particular case to a social agency? That in itself may involve a decision that calls for social work skill.

In the administration of unemployment insurance, eligibility for benefits is dependent on whether an applicant has or has not unreasonably refused to accept suitable em-

ployment. Is it reasonable or unreasonable for a mother with very young children to refuse employment on a shift that she contends prevents her from taking proper care of her children? Is it reasonable or unreasonable for an unemployed man to refuse employment that would require him to move into what he contends is an undesirable neighborhood or that would disrupt his family situation? Would it not be highly desirable, indeed essential, to have the advice of a social worker in cases like these, which are quite common, in order to seek a valid and equitable decision?

In my judgment, greater participation in action programs to promote better community organization focused on specific objectives, to promote better administration of existing social legislation, and to promote extension of social legislation to cope more adequately with social needs will enable social work to break the bonds that now prevent it from achieving its maximum potential. We complain that the value of social work is not sufficiently understood by the public. We complain that social workers are not used enough. We complain that the schools are not turning out enough social workers. And we complain that not enough young people are attracted to social work.

These complaints are all interrelated. The contribution of social work to the common good is not likely to be understood as an abstract proposition but rather in its concrete manifestation through work with other groups in promoting specific social welfare objectives of general concern to the community. Social workers will not be used in the administration of social legislation unless they demonstrate more clearly their interest in social legislation. The schools cannot turn out enough social workers unless more young people are attracted to social work as a career, and more young people will be attracted only to the extent that the profession achieves greater recognition and presents more challenging opportunities for service.

## MEETING TODAY'S CHALLENGE

But fundamentally, the future of social work is dependent on how well it meets the great challenge of our time. We have no time to lose in translating the dynamism inherent in social work into actual dynamics. We are living in an era of world change so rapid, so universal, and so fundamental that we cannot possibly grasp its full significance. We are not only a part of that change but, for good or evil, we are all of us contributors to that change in some degree.

The peoples of the world are aflame as they grasp the vision of democracy and the possibility of actually realizing that vision in the achievement of the good life for all mankind. The concept of democracy itself in terms of liberty, equality, and fraternity is revolutionary in its effect on feudalistic, colonial societies. When coupled with the knowledge that technology means that human misery and want are no longer the inevitable lot of man, it is literally world-shattering.

The universal problem confronting man today is whether he has the patience, the understanding, the sympathy, and the ability to cooperate with his fellow men in traveling the long, hard road from the promise of democracy to the achievement of that promise. The United States of America is truly an island of plenty in a world-wide sea of human misery. Let us hope that our great material prosperity will not destroy our feeling of kinship with the rest of mankind, but rather induce us to help ever more effectively our brethren everywhere in traveling that long, hard road which we must all travel together.

Our own problem in fully achieving the promise of democracy—equal opportunity and the good life for everyone—is not dependent on the acquisition of greater natural resources or the development of a higher level of technology. It is dependent on our ability as fellow Americans to cooperate with each other in developing the

necessary social organization so that every American citizen will have an equal opportunity to share in the abundance of this fortunate land and an equal opportunity to achieve for himself a personally satisfying and socially useful life.

The great social changes taking place require greater social responsibility and constant improvement in social instrumentalities, if we are to avoid disaster. The *status quo* has ceased to exist, and we will cease to exist if we do not realize that simple universal fact.

Sometimes it seems that despair is the order of the day; and it has become fashionable to deplore the vulgarity of the common man. But is it not wrong to contrast the loftiest ideal of some former age with the least admirable features of the present? Is it not wrong to rail at the vulgarity of the "common man" and contrast this with the excellence of the so-called "elite" of a bygone day? Are we not in danger of forgetting how small a proportion of humanity had any opportunity to become the elite and how democracy, with its faith in the common man, has released vast talents which would otherwise have never been discovered?

Undoubtedly, wise men will continue to argue as to what constitutes progress and whether mankind has made progress throughout the ages. But is it not true that people everywhere are more conscious today of social evils than at any time in history? Are people not more sensitive to human misery and less reconciled to accepting it as the inevitable lot of mankind?

We have faith in the common man, believing that with all his imperfections he has infinite potentialities of perfectibility. And our faith is reinforced daily as we observe in the practice of our profession countless deeds of kindness, fair play, and self-sacrifice on the part of humble men and women.

We believe that the inherent ability of the common man to cooperate with his

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fellows transcends his other shortcomings and will eventually enable him to achieve the social organization and forge those social instrumentalities that are necessary for peace and happiness.

But the ultimate goal is a distant one. It calls not only for faith but the realization that we can only approach the ultimate goal through small successes here and now. It is well to be fired with a desire for social justice but also to realize that social justice can only be achieved through the elimination of specific injustices, one by one. It is well to have before us the ideal of the good society, but also to realize that we can only realize it as we develop the necessary social organization to achieve immediate

specific social objectives however modest. Otherwise, tomorrow's ideal becomes the enemy of today's "better." The present is all we have, we must make the most of it.

While we believe in the inevitability of human progress we would do well to remember the admonition of United States Supreme Court Justice Holmes who said that "the mode in which the inevitable comes to pass is through effort." Therefore, let each one of us do our part in translating the dynamism inherent in social work into the dynamics of social work. And in so doing let us be inspired by the realization that the dynamics of social work is an integral part of the dynamics of human progress.

BY HERBERT BISNO

## *How Social Will Social Work Be?*

IN HIS VERY provocative book, *White Collar*, C. Wright Mills asserts that "the first lesson of modern sociology is that the individual cannot understand his own experience or gauge his own fate without locating himself within the trends of his epoch and the life chances of all the individuals of his social layer."<sup>1</sup> It appears that this "lesson" has even greater significance for a professional group. Recognition of the value of the application of such a mode of analysis to social work has been given explicit acknowledgment in statements by Ernest Greenwood and others.<sup>2</sup> This paper will utilize a similar analytic framework in examining certain of the trends in professional social work, with a particular emphasis on the meaning of these developments for the social ideology and action programs of the profession.

### HISTORICAL TRENDS

As a restless response to a dynamic society, social work in the United States has continued to evolve, adding new functions, surrendering certain old prerogatives, accumulating knowledge, developing new skills, and modifying certain of its underlying assumptions. In this process of gradual transformation there has been, of course, a basic continuity. Yet social work as we see it today is certainly "something more than a grown-up system of philan-

thropy." There are two interrelated aspects of this transition that seem to be particularly relevant for our inquiry. The first of these was the emergence of the National Conference of Charities and Corrections (now known as the National Conference of Social Work) in 1879 as a distinct entity separate from the American Social Science Association. In a sense, this declaration of emancipation helped to formalize a trend already in existence; that is, the shift in emphasis on the part of social workers from broad scientific inquiry to a concentration on method and technique. There were, of course, many positive elements in this necessary stage in the eventual emergence of social work as a professional discipline. Who can deny that there was a pressing need for the refinement of the ways and means employed in coping with the daily problems of clients? However, a narrowing of focus, such as occurs when there is a concentration on methods and techniques, also involves a potential threat to sound "social" practice. There is the grave danger that excessive concern with "know-how" will result in losing sight of the even more important "know-why": that is, the goals will be assumed and attention to them will be subordinated to developing more effective means. As Bruno has pointed out, the tendency toward a preoccupation with the technique aspect was deepened by

<sup>1</sup> C. Wright Mills, *White Collar* (New York: Oxford University Press, 1951), p. xx.

<sup>2</sup> Ernest Greenwood, *Toward a Sociology of Social Work* (Los Angeles: Welfare Council of Metropolitan Los Angeles, 1953), p. 25. "We suggest that the concept of 'know thyself' be widened to include the notion that an understanding by the social worker of his position in the status system of society will improve his relationship to the client."

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## How Social Will Social Work Be?

Abraham Flexner's contention in 1915 that social work was not yet a profession because it lacked a distinctive method and techniques that could be systematically transmitted.<sup>3</sup> Mary Richmond's *Social Diagnosis* was both symptomatic and reinforcing in respect to this trend. The first world war with its consequent emphasis on psychiatry, particularly of the psychoanalytic school, made a contribution in the same direction though it must be acknowledged that the existing orientation of social work made it very receptive to the emergence of such an emphasis.

A second well-known indicator of the change in progress was Porter Lee's famous statement in 1929 on the shift in social work from a "cause" to a "function."<sup>4</sup> Social work, from this point of view, was seen to be moving from a period of desiccated but noninstitutionalized enthusiasm in the fight against entrenched evils to a stage characterized by a professionalized worker offering a regularized, necessary social service in a systematic and skillful manner. It is obvious that this aspect of the transition in social work is intimately associated with the concentration on method and technique. Both stress the technician rather than the policy maker. Here again we see the continuance of a trend that is both satisfying and disturbing. The uneasiness arises from the fact that there is nothing inherently "social" or ethical about the policies which professional methods can be used to implement. Nor is it without significance that the explicit statement of the change from "a cause" to "a function" was forthcoming at the peak of the "dollar decade," when the extremely influential conservative ideology was proclaiming a theory of human nature based on the doctrine of a business

elite responsible for the best of all possible worlds and an individualistic theory of change which assumed that the only effective method of social reform was one based on the concept of the metamorphosis of each individual.<sup>5</sup> Can one doubt that a society dominated by such an ideology would be more congenial to a social work ideology stressing technique, within the framework of a psychological orientation; than to one showing an active concern with broad social goals?

Since it is the writer's thesis that there is a close relationship between the trends we have been examining and the existing "status dilemma" of social work, the preceding historical review highlights one dimension of our analysis. To come to grips with the issue at hand, though, we must also view present trends in social work from the perspective of the nature of professions in the present-day United States. This, then, will be our second point of departure.

### THE PROFESSIONS AND SOCIAL WELFARE

There is substantial evidence behind the assertion that the professions have a uniquely important place in our culture and that their functioning has a vital impact on the entire society.<sup>6</sup> Who would deny the significance of the physician, the lawyer, or the teacher? Certainly there can be little doubt as to the importance of the social worker to our society. Despite this general acknowledgment of the importance of the functions performed by professionals, there is less certainty as to the particular configuration of characteristics that set professions apart from other types of vocational activities. One attribute which achieves at least a verbal consensus is that of responsiveness to the social welfare. The rather

<sup>3</sup> Frank J. Bruno, *Trends in Social Work* (New York: Columbia University Press, 1948), p. 9.

<sup>4</sup> Porter R. Lee, "Social Work: Cause and Function," *Proceedings of the National Conference of Social Work—San Francisco 1929* (Chicago: University of Chicago Press, 1930).

<sup>5</sup> John Warren Prothro, *The Dollar Decade* (Baton Rouge: Louisiana State University Press, 1954).

<sup>6</sup> Talcott Parsons, *Essays in Sociological Theory: Pure and Applied* (Glencoe, Illinois: The Free Press, 1949), p. 185.

general public acceptance of this characteristic as, in fact, being typical of professionals is apparent in the still-continuing trend (most conspicuous among certain of the older professions) toward a "guild type" system in which the professions control themselves in matters of vital public interest, with the backing of the state but without much or any direct political accountability. There is little reason for concern over such a development as long as this accepted identity of interests between any given professional group and the larger social order is borne out in practice. In reality, though, the evidence against such a naive belief is staggering. This problem of the relationship between professional well-being and the general social good is particularly acute for social work at present and all indications are that it may be even more of a pressing issue in the near future. We are in no way denying that social work has been among the most responsible of the professions in its loyalty to the ideal of a primary devotion to the public welfare; but a time for decision is apparently now at hand as pressures from within and without are forcing the social work profession into long-term commitments in respect to its social function.

### STATUS PROBLEMS

One important key to an understanding of the nature of the decisions with which social work is faced is to be found in the profession's status problems. At the present time it must be admitted that social work is not yet a high status profession. The reasons for this are multiple, and include such factors as professional immaturity and lack of standards, the character of certain services which are peripheral (and in a sense subordinated) to the functions of well-established, high prestige professions, the "lady-bountiful" tradition, the numerical dominance of women, the public identification of the worker with his low-status clientele, the invidious attitudes of an

acquisitive society toward welfare functions and "service" (as opposed to profit-seeking), and the somewhat deviant ideology and value system of professional social work which contains an implied threat to the status quo. Otto Pollak offers an intriguing possibility in this connection. He takes cognizance of the fact that there is an important status differential between professional persons and "workers" in our culture and that social work is the only profession to use the designation "work" (and "worker"). This leads him to make the interesting suggestion that the use of such terminology may adversely affect the status of the profession in the eyes of the client, the donor, and the public at large.<sup>7</sup>

Be that as it may, the fact of relatively low prestige is well established as is the existence of strong professional strivings for higher status. Yet, paradoxically enough, social workers are very different from most status-seeking middle class groups insofar as they tend to identify, on matters of social policy, with their clients rather than with the other professions or with the dominant socioeconomic class.<sup>8</sup> It is this very ideological identification which has given most of the substance to their social action program. This is not to imply that the impact of the programs achieved by social action has always been limited to the lower socioeconomic class. However, it does appear that much of the initiating impetus has resulted from identification with economically depressed client groups even when these social action accomplishments were bourgeois in character or resulted in broad benefits to society as a whole. This is evident in the types of conditions defined by social workers as being high priority social

<sup>7</sup> Otto Pollak, "Cultural Dynamics in Casework," *Social Casework*, Vol. 34, No. 7, (July 1953), p. 283.

<sup>8</sup> Herbert Bisno, *The Philosophy of Social Work* (Washington: Public Affairs Press, 1952) and Norman Polansky, William Bowen, Lucille Gordon, and Conrad Nathan, "Social Workers in Society: Results of a Sampling Study," *Social Work Journal*, Vol. 34, No. 2, (April 1953).

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problems. It is, perhaps, as much the problem areas selected as the corrective means proposed that have resulted in social work being characterized as considerably less conservative than most other professions.<sup>9</sup>

### WHY SOCIAL WORK IS DIFFERENT

Although the reasons for this deviant response (in comparison with other professions) on the part of social work are not entirely clear, they do seem to cluster around three major factors. First there are the institutionalized expectancies of social work which have their roots in historical conditions. Secondly, there are the professional experiences of social workers which often have a lasting impact. Lastly, there are certain characteristics of social workers as a group which are relevant. In respect to this third factor the following might be noted:

1. Many persons are attracted to social work because of a desire to participate in personal and/or social change.

2. Social workers tend to be introspective and to have a sense of being a relatively low prestige professional "minority group" in the culture—perhaps there is even a sense of deviation involved. This feeling is augmented to the extent to which there are ethnic, religious, and racial minority members in the profession.

3. Social workers tend to be sensitized to personal-social injustices that need correcting.

4. Social workers, because of comparatively low prestige and salaries, have less of an identification with the status quo than do some other professionals, and

5. Since most social workers are middle class in origin and in view of the fact that social work does not have as high a status as several of the other professions, it is un-

<sup>9</sup> The significance of class and group differences in the defining of issues is neatly illustrated in the Hunter study of the community power structure—Floyd Hunter, *Community Power Structure* (Chapel Hill: University of North Carolina Press, 1953), Chapter 8.

likely that many persons enter the field strongly motivated by the prospect of vertical mobility.

Two consequences flow directly from this "minority" position of social work. In the first instance social workers find themselves in a marginal position, with the resultant insecurities added to the burden of their daily professional tensions and frustrations.<sup>10</sup> The following quotation from the Polansky study provides a graphic illustration of the problem involved.

The social worker, by family background, educational achievement, and so on, is extremely likely to be embedded in a group whose opinions differ considerably from his own. Although most people hold opinions on social issues phrased to the advantage of persons rather like themselves, social workers are likely to be identified with the interests of the least-privileged group. It is clear that these disadvantaged groups are not, however, the intimate association groups in which social workers actually move. Hence, social workers are more likely than most people to find themselves in conflicts of opinion with their parents, their siblings, their childhood friends.<sup>11</sup>

In addition, we should remember that the problem is complicated by the fact that people tend to view themselves as others view them. This means that social workers often have to contend with serious self-doubts.

### THE DILEMMA

A second problem emerging from the rather tenuous prestige position of professional social work might be referred to as the status dilemma. Most social workers would

<sup>10</sup> We sometimes tend to overlook positive consequences of "marginality." For an intriguing discussion of the relation of "marginality" to intellectual creativity and originality, see Thorstein Veblen, "The Intellectual Pre-eminence of Jews in Modern Europe," in *The Portable Veblen*, edited by Max Lerner (New York: The Viking Press, 1948.)

<sup>11</sup> Polansky, *et al.*, *op. cit.*, p. 80.

probably like to achieve a higher status (even though this may not have been a primary motivation for selecting the profession). This can be accomplished in part by developing greater technical competence and raising standards. But this is not the whole story. After all, the "bestowing" of lofty status is primarily the function of the dominant social and economic segments of the community. This, then, raises the question as to what extent the social worker must accept the dominant ideology as well as the "upper classes'" definition of its proper function as the price of high prestige.<sup>12</sup> Obviously, a change in either sphere (ideology or function) would result in a radical modification of the role of social work. The dilemma shaped in specific terms is how to achieve high prestige without giving up militant social action and/or without losing identification with the people served, the clients.

Two characteristics of contemporary social work are worthy of consideration in this connection. The first is the concentration on casework, to the relative neglect of social action. This shift in emphasis has tended to parallel the attainment of professional standing. Secondly, there has been a move on the part of private agencies to attract a different "class" of clientele. In one sense this stems from the change in focus of such agencies following their inability to provide the necessary economic assistance during the depression. The re-examination of function that followed has resulted in a greater concentration on disturbances in interpersonal relations, with the public agencies assuming the basic responsibility for financial assistance. This

shift in service is in harmony also with a theme reiterated by a number of prominent social workers to the effect that social work should not remain identified with a clientele consisting of the disadvantaged. The status-consciousness in some of these arguments is unmistakable. One such statement put it this way:

This inseparable and decisive association of the profession of social work, in our minds as well as in the minds of our communities, with what we are pleased to call "the poor" inevitably shuts us off from the acceptance of our services as a regular and constituent part of a community's planned provision for the broad needs of all its people.<sup>13</sup>

The same writer also spoke of the "unavoidable stigma" attached to a service directed only toward an outgroup which is presumed to be less competent than others in society.<sup>14</sup> There probably is an intimate relationship between this orientation and the recent trend (on the part of some private agencies) toward charging a fee for service rendered. It may very well be, as proponents of this innovation in social work have claimed, that the fee has therapeutic as well as diagnostic value. Also, it has been pointed out, that in our culture people tend not to appreciate (or to use constructively) that which they do not pay for. More important, though, is the question as to whether one of the basic purposes sustaining this development is the desire to attract a clientele more nearly comparable to that serviced by other professions.<sup>15</sup> This might elevate social work's status in two

<sup>12</sup> The focus of this paper precludes an extended discussion of social differentiation. It is important to note, though, that the sociological literature is rather thin on the social control aspect of potential vertical mobility and in realistic analysis of the use of status improvement as an aspect of the reward system—hence, control mechanism—of the power structure of the community.

<sup>13</sup> Kenneth L. M. Pray, *Social Work in a Revolutionary Age* (Philadelphia: University of Pennsylvania Press, 1949), p. 29.

<sup>14</sup> *Ibid.*, p. 233.

<sup>15</sup> In a recent work, Theodore Caplow maintains that the exercise of "behavior control" over clients of high status is very closely correlated with high prestige occupations. See Theodore Caplow, *The Sociology of Work* (Minneapolis: University of Minnesota Press, 1954), pp. 53-57.

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ways: (1) it will be more similar in its functioning to other professions; and (2) it will not be stigmatized by its identification with the disadvantaged. One might also add that it may even give some social workers a sense of greater worth.

### EFFECT ON SOCIAL ACTION

Such a trend, though, raises serious questions. If the clients of such social agencies are increasingly middle class, what will happen to those vital social action programs, integral to the functioning of a broadly conceived social work, that are based on an identification with those served? Will the new action programs be in support of the interests of the middle class or (and this is more likely) will social action be relegated to an unimportant position? Also, the question arises as to those services which must still be provided for the economically depressed? Does this portend a sharper professional cleavage between social workers in private and those in public agencies? In a recent book Bertha Reynolds indicated a real concern over the possibility that social work, unconsciously, will lose its identity with the "people," a questioning which no doubt is a response to those tendencies which have just been described. As she expressed it incisively, "Most agencies do not intentionally make their policy to avoid serious social problems, but it is easy to refine one's techniques to the point where only relatively refined people can make use of them."<sup>16</sup> Is this the "price" of high professional status and acceptance? Or is it merely a step in the direction of professional maturity? Or is it both? This much may be said with confidence: professions are shaped in important ways by their clients. Hence the adoption of any agency policy that will change the character of its clientele is likely to have consequences transcending the impact of such policies on day-to-day operations. Furthermore,

these broader results may have conflicting implication, all of which need to be considered in matters of policy determination.

There is rather general agreement within the profession that it is desirable for social work to acquire greater prestige. Such a wish is, of course, in perfect harmony with the cultural stress on upward mobility. What we are concerned about, though, is that in assuming the rightness and naturalness of this trend we have tended to ignore the question of the price to be paid for the higher status and whether it is "worth" it. Does it imply a weakening of the *social* in social work?

This is a crucial question and yet most of the recent sociological analyses of social work virtually ignore it.<sup>17</sup> The previously mentioned suggestion by Pollak that it might be desirable to substitute another term for the "work" in social work contains no hint of a "loss" that might be involved in such a change. In a very insightful and incisive paper Abraham J. Simon examines some of the factors inhibiting upward professional mobility.<sup>18</sup> Yet, even here, there is the implicit belief that the professional advancement of social work is correlated with the general welfare of society. Again and again in the literature of social work we find this assumption of an "automatic harmony" between the status aspirations of the profession and the effective performance

<sup>17</sup> This "blind spot" is probably symptomatic of certain of the characteristic weaknesses of contemporary American sociology, such as the technician orientation, "culture-boundness," and a brand of "functionalism" that tends to equate the existence of social phenomena with necessity and/or desirability. We might all profit from a thorough "sociology of knowledge" analysis of sociology. For a penetrating critique of the "functional" approach mentioned above, though in respect to different subject matter, see N. Birnbaum, "Monarchs and Sociologists: A Reply to Professor Shils and Mr. Young," *The Sociological Review*, Vol. 3, No. 1 (New Series), (University College of North Staffordshire, July 1955).

<sup>18</sup> Abraham J. Simon, "The Social Structure of Casework and Medicine," a paper read at the 1951 meeting of the American Orthopsychiatric Association (unpublished).

<sup>16</sup> Bertha Capen Reynolds, *Social Work and Social Living*, (New York: Citadel Press, 1951), pp. 3-4.

of a truly "socialized function" that will take into account ends as well as means. Here we seem to have an "invisible hand" theory in modern dress; a theory which fits in neatly with the organic unity assumptions of our modern corporate society.

Our criticism of this theoretical position is not because we are arguing that there is an inevitable and inherent conflict of interests between the professions and society in general. Rather, we believe that such conflicts may and do exist and that the likelihood of this being the case is particularly great whenever a profession is preoccupied with self-aggrandizement, whether in terms of financial return or prestige. Also, to prevent possible misunderstanding, we should make it quite clear that we are not glorifying professional "marginality" as always being desirable in itself. We are well aware that an occupational group that is insecure because of the deprivation of social approval may express this in the form of inefficient performance or even antisocial behavior.<sup>19</sup> Nevertheless, we do maintain that uncritical status striving may also result in highly questionable practices, though the destructiveness of these practices is likely to be masked by subtle rationalizations. It might be well for us not to forget Tolstoi's reminder that any man can find good reasons to justify the way in which he makes his living.<sup>20</sup>

<sup>19</sup> See, for example, William A. Westley, "Violence and the Police," *The American Journal of Sociology*, Vol. 59, No. 1, (July 1953).

<sup>20</sup> Mentioned in Hubert Langerock, "Professionalism: A Study in Professional Deformation," *The American Journal of Sociology*, Vol. 21, No. 1, (July 1915), p. 38.

## CONSEQUENCES FOR THE PROFESSION

Today, we are apparently witnessing the coalescing and maturation of the trends in social work toward operating in terms of the performance of a function, rather than as a "cause," in emphasizing methods and techniques rather than goals, and in grasping for higher professional status. All of these appear to be concomitants of the process of professionalization itself in the United States. But if this complex of trends continues, where are we headed? Three consequences are likely to follow: first, a continuing de-emphasis on controversial social action which has broad social implications; second, a related lessening of attempts to influence social policy and the acceptance of the role of technician-implementer; and third, change in the ideology of social work that will lessen the gap between its system of ideas and that of the dominant groups in society.<sup>21</sup>

This, then, is the dilemma of contemporary social work. The way in which it is resolved will probably determine the extent to which social work will, in actual practice, give priority to the general welfare.

<sup>21</sup> In a stimulating interpretation of reform in the United States, Richard Hofstadter advances the interesting suggestion that the activity of many professionals, on behalf of social reform around the turn of the century, can be explained, at least in part, by changes in their social positions. In the case of the clergy and lawyers it was an alienation due to a loss of status and sense of professional worth. The professors, particularly those in the social sciences, on the other hand, were just beginning to make their bid for recognition. This thesis is essentially in harmony with the argument advanced above. Richard Hofstadter, *The Age of Reform* (New York: Alfred A. Knopf, 1955), pp. 143-163.

BY R. H. COLLACOTT

## *Community Team in Social Work Education: Business and Social Work*

BEFORE OFFERING MY observations on the development of the community team in social work education, I should like first to describe the setting in which this education is conducted as I see it, and based upon my philosophy of society.

### **OUR INTERDEPENDENT SOCIETY**

The first of these is the time-worn observation on the rise of an intensely interdependent society. To those in the social work field this may be very old stuff, but to me it is the most fundamental underlying fact of our time. All our astounding advances in technology and industrial production, dramatic and impressive as they are, are only features of this new kind of society. This has called for new attitudes toward dogmatic theology, toward social and even industrial organization, toward the rights of individuals and toward education. It has aggravated seriously the problems of individual adjustment. In his day-to-day work, the social worker is, of course, deeply engrossed with the problems associated with these facts.

The area that is not so widely understood

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is that this society calls for a greatly increased sense of stewardship which has not been any too rapid in its development. People everywhere are entrusted with the property and the interests of others whom in many cases they do not even know. The corollary observation is that this interdependent society has sharply reduced the opportunity of planning for one's self, of providing for one's self or even of amusing and developing one's self without having to take into account the effect upon others, their attitudes, and their support. The late Justice Holmes once remarked that even the sacred constitutional right of free speech did not give a man the right to holler "Fire!" in a crowded theater. I submit that we all are finding ourselves more and more in a theater of some sort with the consequent abridgment of rights of which we are still very jealous. The philosophical, economic, and political implications of that single fact are enormous.

### **SPECIALIZATION**

After interdependence, the second of my preliminary observations is a reminder that one of the most obvious features of this society is individual specialization. This practice is by no means new. It goes as far back as history will take us. Every language, for example, is rich in proper names of occupational derivation. It is new, however, in the degree to which it has advanced. Technical developments, research, and many other factors have all worked to

make each skill and each vocation more esoteric in terms of the general understanding of the ordinary intelligent person. It has been said, and with considerable truth, that the human mind can in no way be likened to a physical container in which, after it has reached capacity, each new item of information or understanding must displace and unseat some other speck of knowledge already established there. In fact, it does seem to work the other way—that as a man's understanding increases and broadens, his interests are heightened, enabling him to assimilate and retain vastly greater amounts of knowledge. As true as this seems to be, we must admit that the *time* available for this process is limited. For our purpose, its significance is that professional and, for that matter, all skills tend to become more isolated from the common activities of men; flexibility is much reduced; and more important than either of these points, the work of coordinating it with sound social planning and participation is only too often made exceedingly difficult.

### WEALTH DISTRIBUTION

The third observation is that decade by decade the enormous national income of this country is becoming more and more broadly distributed. Our capitalist society is dependent upon this accomplishment. I am not sure I agree with those who believe that this goal can be reached more quickly and more effectively by aggressive tax measures, but that is beside the point. The real point is that in large areas of commodity production we have entered into collective or mass methods and only by a broad distribution of the national income can the mass markets, upon which these methods depend, be maintained.

My fourth observation may not seem so apparent. Specialization has been present in commodity production as far back as history will take us. Along with all its other features, that specialization has now invaded the field of wealth generation. This results in the fact that active dollar genera-

tion is brought about by fewer and fewer units, causing many essential activities to be dependent upon them for support. We have here the paradox that, while the national income is widely distributed, the generation of that wealth is somewhat more restricted. Our American living habits lend themselves less and less to vast commodity ownership. In contrast with ancient times or with some foreign countries, conspicuous consumption is a less appealing encouragement for expenditure. The range of personal possessions between the person of modest income and the one of great means, great as it seems, is in a *comparative* sense at least very narrow indeed. The significance of this is enormous. It means that as our standard of living constantly mounts, this range, these differences between castles and cottages, must decrease, or the outlets at the top must be found in the various forms of cultural collective enterprises.

My fifth and last point is a corollary of the fourth. It is that the commercial or industrial corporation, having emerged as the dominant organization form of our new society, will be looked to more and more as a source of support for those cultural and social enterprises which do not seem able to support themselves by the time-honored methods of the market place, that is, by voluntary transactions. While I look for more and more corporation philanthropy, both in quantity and in variety, I feel that it should not be looked upon as an unmixed blessing. It carries with it a greater concentration of economic and social power, always associated with control of the purse strings. This is deplored by many and seems to be seldom recognized by the most ardent advocates of corporation-giving.

### COMMON OBJECTIVES AND PROBLEMS

While I do not presume to be a participant in the field of social work education, I should like to look on the objectives as be-

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ing common to all of us. Surely what we all want is the good society, and our work does have or should have some constructive bearing on promoting such a society. Further, since another man's work always appears simpler than our own, some of the things suggested here may be just as difficult to bring about as are the problems which they are to solve.

Upon reflection it becomes apparent that many of the problems faced in social work are unique only in the form in which they are clothed.

Essentially, many of them—such as adequate communication, recruiting satisfactory personnel, securing a greater acceptance of responsibility—are just as acute and, in many instances, just as unsolved wherever problems of organization are seriously studied.

### **PARTICIPATION**

The statement of "Problems and Issues of Continuing Concern" formulated over a year ago by the Executive Committee of the National Conference of Social Work is, to my mind, an excellent piece of work. Its importance to the subject of the community team is that several of the eight issues deal directly with the more fundamental problem of creating a wider understanding of social work and participation in it. Nearly all the other issues would in large part be solved if such an understanding existed. Therefore, the discussion from here centers on that matter of participation; its importance, already well known; its problems; and some suggestions in regard to them. Possibly these will pose difficulties, in the guise of solutions, greater than those they are proposed to solve, but it is relevant to the subject.

Most of us feel a healthy development has taken place by the removal of taboos and a hush-hush atmosphere from many areas of social concern. Some which occur to me are alcoholism, planned parenthood, social diseases, and even cancer. There are, of course, many others. Now while I would

give enormous credit to those people who have dedicated their lives to these problems, treating them scientifically, and giving them considerable dignified publicity, I would at the same time point out that the greatest aid to progress in those fields was a growing public awareness and that such an awareness was by no means solely brought about by the crusaders. The extension of the average length of life by removing causes of earlier death has increased the incidence of cancer, not in any one age bracket, but in the total population, thus bringing it very sharply to the attention of more and more people. Likewise, the nature of our interdependent society, which I keep emphasizing, is forcing a belated recognition of many of the other matters I mentioned.

### **OVERCOMING PUBLIC APATHY**

In contrast with such subjects most of the field of social work, and therefore of social work education, does not suffer from any taboos of any importance, but I think most of us feel that it does suffer from public apathy and from a painfully small acquaintance with the subject and with its importance. That naturally points the problem of how to overcome that apathy and how to improve that acquaintance. Since most of my points finally converge upon methods of improving understanding and participation, I shall reserve my specific comments for later. Right here I would like to mention a way by which it will *not* be done.

In many board and council meetings in the past several years, I have heard the remark, "Let's show the businessman how much this is costing him." The inference here is that such a showing will prompt him to take an interest and to come forward with his time and money to aid the cause under discussion at the moment. If the cost referred to were a direct assessment and *labeled*, there is little question but that social work would receive tremendous impetus simply as the lesser of two obvious

costs, just as adequate plant maintenance does now as against excessive deterioration. But that is not the way it works. If there is any field more complex and less generally understood than the tax situation, I cannot think at the moment what it is, and it is in that labyrinth that most of these alternative costs are lost. When shown as totals, the figures are of course dramatic. For instance, the Cleveland City Council recently recommended the largest budget in the city's history, 60 percent of which was to be allocated to relief and welfare services. In Ohio I understand that the ratio of public expenditures in all the social fields to private money so spent is in the neighborhood of 7 to 1.

It is a subject much too complex and not closely enough related to this discussion to justify further development here, but there is substantial evidence to support the view that when the total tax revenue takes too high a proportion of the gross national income, the effect on the economy and on the society generally is harmful no matter how scrupulously those taxes are handled or how wisely that money is spent. This fact means that even if this money could be voted, it would shortly develop into a self-defeating program. If these costs I have mentioned were as readily discernible as those of spoiled materials, absenteeism, and fringe benefits, there is little question but what more direct action would be taken. I know of no easy ways to cut through this lack of understanding or to make these facts more apparent. It is a story that should be told whenever the opportunity offers, but I doubt if the opportunities will be frequent enough to trust to this method of doing our job.

### **MISCONCEPTION ABOUT BUSINESS**

Right here I should like to take a moment to clear up a common misconception about business and the businessman: that is, that he is obsessed with the idea of maximizing profit. It is true that the dominant purpose of a corporation is to make a profit,

acting as stewards for its owners and that a business cannot endure which does not make a profit. However, in any modern complex operation that profit is the end result of the coordination of thousands of activities, each of which has certain definite objectives not immediately associated with the end result of profit. This is probably just as true of education and social work. It is only in our conventions or in our public utterances that we emphasize the "good society." In our workaday problems and routines, we are engrossed in activities which we believe contribute to the good society, but our immediate concern is to get those tasks accomplished.

I believe that the nature and problems of present-day business are as little understood outside its area as is the nature of social work. I certainly am not making a plea for sympathy for the poor misunderstood businessman or corporation executive. I would remind you of one of my observations on the specialization of the wealth-generating function and point out that he can, for the present at least, continue to prosper more nearly independently of the understanding and support of others than can the fields of education and social work. The obvious conclusion from this discussion is that in framing a program first for improved understanding, and then of participation and support, the burden of action rests with social workers. This is made even more difficult by the fact that, by and large, business has attracted the great initiators and compounded that advantage by endowing them with economic and personal power before which the outsider is only too often dismayed.

I am not sure that the ratio of top people to the total is any higher in business than anywhere else. It may just seem so because of the enormous number of people engaged in business, although the salaries paid might lead us to believe that the ratio is somewhat higher. Be that as it may, the absorption of these able people by business makes it hard on other fields

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of social endeavor. Many of them must be attracted to social work, if only on a part-time basis, for social work to succeed as it should. However, they are businessmen familiar with business practices and methods. They live and work in a world of technical equipment and sources for answers even to intangible questions. As time goes on, the social work field must adopt similar techniques if these men are to feel at home and make the tremendous contribution of which they are capable. While I do not want to be so absurd as to suggest a profit yardstick, I think that the results will be astonishing when some similar measurement of accomplishment is brought into general use.

Without any intention of praising or blaming the New Deal, I think we can see now that it was, even though unrecognized at the time by many of its participants, a stupendous effort to counterbalance by somewhat arbitrary political means the kind of economic power and influence I have just mentioned. Any person's attitude toward that era will be shaped by hundreds of factors: the cruel necessities of the time; his appraisal of the ethics of American business itself; his belief, based upon his knowledge of history, of the wisdom of invoking the arbitrary power of the state; his belief that the controversies which accompanied the program were needless or justifiable; and so on. Whatever conclusions we entertain, I hope we can agree that no coercive measures are now practicable for increasing participation in social work.

### **ACHIEVING SUPPORT**

This may be a laborious method of arriving at the conclusion that we are not going to get very far by seeking relief from financial worries by the search for more and more tax money, nor that we shall achieve any worthwhile participation by rubbing people's noses in social work. It is a subject too involved to be developed here, but it

is no paradox that American business and industry, the greatest wealth-producing activity the world has ever seen, are powered almost entirely by voluntary transactions and that the starveling, desperate activities are those which seldom look for that means of support. The significance here is that the support, both financial and that of participation, is much more readily forthcoming when a genuine interest can be developed. That is not easy but it is essential. No one enjoys signing blank checks and the solicitation of financial help without creating good understanding of what we are trying to accomplish and of the degree of our success in it is very difficult indeed.

I have mentioned that the taboos attached to many subjects in the sociological field have largely disappeared, and that their disappearance was more the result of the pressures of the times than any personal crusading activity. It now seems to me that the problems of social work are becoming more and more pressing and are due shortly for more public recognition. However, recognition is by no means synonymous with understanding and interest. The former develops from need, from emergency, and all too frequently from out-and-out distaste. Interest is a much more precarious quality and requires much more artistry to develop.

To return to the subject of specialization, there is at once a strength and a weakness in it. The strength is the obvious one (which caused its evolution), namely, that it permits the advancement of a greater degree of skill than can be achieved by a Jack-of-all-trades. The weakness is the serious one that all too often it limits horizons and makes difficult the problem of coordinating activities. We all realize that this problem and its companion, the shortage of workers, are particularly acute in each of those professions where the only port of entry is the none-too-large entrance of academic preparation. We hear on every side about the serious shortages of social

workers, teachers, doctors, and others, all professions which have but one entrance and many exits. In my own company I hear much more often of the shortage of engineers subject to the same conditions. The great difference between industry and social work is that in corporate organization the specialists do not often have to concern themselves with matters of coordination. The task is commonly taken over with those charged with administration. Now present-day business is generally supposed to rest pretty largely upon economics. I am not so sure that this is as true as is commonly assumed, but there can be no question that it does depend for its good health upon a great variety of factors all bearing on the economic climate. Anyone taking a philosophical view of economics is struck by the fact that some of the most promising paths lead right into the field of sociology. It would seem logical, therefore, if we want others and particularly those engaged in business to understand more of our work, that social workers should make the first move by attempting to understand more of the business world.

#### ATTEMPT TO UNDERSTAND BUSINESS

I emphasize the word "attempt." Possibly I may seem to be asking too much. No one could seriously expect social workers or anyone else to understand the infinite ramifications of large corporate enterprise. The complexities in that field have already outdistanced the capacity of any one person to comprehend them, even those engaged directly in business. Social workers should be willing, however, to know as much about business as they expect business to know about social work.

I think this is important for several reasons: first, as I have said, the burden of action is on us; and secondly, one of the cardinal rules of salesmanship is that you know all you legitimately can of the affairs and interests of the party to whom you are trying to sell. This is not so difficult as might be supposed.

Then, too, many of the successful techniques of business can be applied to social work. I look upon this accomplishment, together with the development of qualitative yardsticks, as offering the most inviting field for intensive research.

I realize, of course, that time is just as limited in social work education as anywhere else but the reading of such excellent publications as the *Harvard Business Review* (six numbers a year) should prove both economical in time and enormously profitable in widening horizons and allowing greater insight into the world of business.

An interesting commentary on how the economic trails end up in the area of sociology is that on the day on which this was written, the *Cleveland Plain Dealer* carried nine pages of advertisements for "Help Wanted" and at the same time twenty-nine thousand people were reported on relief rolls of that industrial city. This figure, of course, comprises unemployables, including seven thousand children. I would not for an instant argue against relief rolls, against the full employment act of 1946, or against the recent legislation increasing minimum pay, but I think we could agree that measures such as these are palliatives and not remedies. A careful analysis of the social legislation of the past thirty years will reveal the fact that the overwhelming proportion of it is of the palliative type. This observation does not argue against it but it does point to the fact that the effective and permanent remedies lie in another direction, the staggering job of making more of our people self-propelling, self-supporting citizens. Surely no one could lay that terrific responsibility at the door of social work education, but the pilot work on which such a stupendous program should be based, I think, does belong there. As industry moves farther and farther into the field of automatic operation, it does not threaten to offer employment to fewer people but it does promise to become more selective in its insistence upon skills. This will aggravate such situations as the one

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in Cleveland, where high employment and relief rolls exist side by side. It will be made more severe by the additional screening process of rigid minimum pay legislation.

Probably the most famous study made in any of these fields was the Roethlisberger survey covered by Elton Mayo in his celebrated *Social Problems of an Industrial Civilization*.<sup>1</sup> This excellent work was warmly and I believe universally accepted by the schools of social science. But bear in mind that it was conducted by the Division of Research of the Harvard Business School. Some similar work was recently conducted on some of the great Detroit assembly lines. Wherever possible, it seems to me that this sort of thing should be brought into the province of the social science schools. You might say that only too often the doors are closed for such studies. I am afraid it is sometimes true, but the attitude can often be traced to experiences where the investigators came as crusading reformers sitting in judgment on matters they did not understand and condemning harassed business management for the existence of problems which so far have seemed inescapable. While I did not promise to refrain from any comments on social work curriculum, I do have the grace to realize that my views are not based on knowledge sufficiently intimate to give them much value. I can only go on my observations on the breadth of knowledge of the products of these schools as I have had the opportunity to know them. Dedicated and conscientious they certainly are. If these qualities can be supplemented by a greater awareness of the end values of much of their work as well as the values of other people's work, I honestly believe that the enlarged understanding we so earnestly desire would be nearer of accomplishment.

### FINANCING

While my primary emphasis is on the enlargement of the social work graduate's

world and the increase in general participation, I do not want to avoid the subject of financing, which is so desperately important to social work. I realize that at times it becomes so pressing as to eclipse all other problems. In talking with many in this field, I have the impression that they believe that, if this one block could be overcome, all other matters could be dealt with successfully as a matter of course. Maybe they are right but it is a mighty big "if." I submit that participation must in many cases precede the securing of funds. In that connection I quote from the foreword to the recent book of Edward Hodnett, *Industry College Relations*.<sup>2</sup> This foreword was written by Dr. T. Keith Glennan, president of Case Institute of Technology. He is referring to the conference held at White Sulphur Springs, West Virginia, "But at Greenbrier we found that the planners of the conference in their wisdom had us spend most of our time talking about the specifics of cooperation between industry and the colleges—partly on the grounds, backed by experience, that financial aid of the extent sought must be preceded by understanding of the most thorough-going kind and that such understanding cannot be arrived at by talk alone but must follow cooperation in many areas of specific action."

I emphatically endorse that statement. It may seem just as difficult of solution as the problems to be solved, but I think not. Areas of great general interest lie on every hand. In any metropolitan area the editorials and the letters to the editor are saturated with material of a sociological nature. A compilation of this material would reveal that often they do not fall within any person's direct responsibility. They depend for their settlement upon enlightened recognition, analysis, and voluntary leadership. This is particularly true of many areas of research in qualitative measurement. The publications of the

<sup>1</sup> Boston: Harvard University Press, 1945.

<sup>2</sup> Cleveland: World Publishing Co., 1955.

personnel division of the American Management Association constitute an enormous literature of matters of common interest to the schools of social work and to industry. The schools which seize the initiative in some of this work might be surprised at the warmth of their welcome in many corporations.

### CONCLUSIONS

The program should point toward:

1. A determined effort to break through the silos of specialization and to tie social work into the lives of active healthy people as it has already done with the helpless and discouraged.
2. The exercise of great care in the selection of boards, advisory councils, and the like, keeping in mind always the purpose of attracting those who can give the greatest impetus to this program of increasing understanding and participation.
3. Stepping up the emphasis on qualitative measurement. This is at once one of the most difficult and the most promising of the activities.
4. Study of the areas of preventive work. I do not for a moment assume that this is now neglected, but I suspect that these

studies can be accelerated by recruiting task forces from industry.

5. Including more material of an economic type with the idea of broadening the horizons of the graduates and enabling them to make their work more valuable.

In reviewing these points I am unhappily aware that instead of offering much that is new, they only succeed in seeming presumptuous. But they are based upon my sincere admiration and emphatic approval of social work. The excellent schools of social work have accomplished much and they have done so under many difficulties.

On all sides of us we see technology changing our world with bewildering speed. Whether we will or no, a new society is emerging. There is something fateful and inexorable about such a development. We know we cannot stay it, but by courage, intelligence, and good will we can shape it for the better. The time to do it is when it is in transition. The rewards for foresight are enormous. We must not be so idealistic as to believe we can achieve perfection or even dispose of age-old problems. But we can certainly try to keep them under control and we are surely justified in giving the cause the best that is in us.

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BY FERN M. COLBORN

## *Toward Integration in Public Housing*

SOME EIGHTEEN YEARS ago this nation embarked upon a public housing program. In planning for the provision of decent homes for families to live in, it was not our intention that those things in the slums which were good were to be destroyed by manipulation. One desirable aspect of slum living has been the democratic association of people; another, the spirit of "live and let live." We are all familiar with families who, in the most dire circumstances, share with a neighbor what they have or who say, "The poor devil, he has a hard time, too," or "He's a good neighbor even if he is . . ." And it is an unwritten law of the slums to avoid giving information to any outsider until he has proved himself to be a friend.

There is thus a great deal in the code of the slums that is basic to good association between people, but we have destroyed much of it in this day of a planned society. Too often when people are forcibly uprooted from familiar surroundings and associations, only that which is ugly comes out, with the good in life lost in the process.

As social workers we have stated these principles from the beginning. In fact, because of this, public housing was not many years old when social workers began to be

slowly but surely eliminated from the program by the public housing leaders. This may have been done with the best of intentions; social workers tend to be outspoken, and the things we were saying, the kind of protection we affirmed must be a part of the program, were easily picked up and distorted by self-interest groups opposed to public housing. I think the housing leaders felt the breath of the opponents of housing on their necks, and thought that in this way they could save the program. We know that just the opposite has happened. We know, too, that the leaders in public housing today are anxious for us, as social workers, to be again in partnership with them in helping to solve their problems.

### OPEN-OCCUPANCY POLICY

One of the major concerns of public housing leaders today is how to bring about an "open-occupancy" policy in housing. By this is meant a policy of admitting tenants without regard to their race, creed, color, or national origin. Social workers and many civic organizations feel the same concern. Although there has been much discussion of this subject with particular reference to minority groups, less thought has been given to social and economic integration. We in social work believe that all three kinds of integration are essential for the most fruitful association of people.

In the early days of public housing a deliberate effort was made to get the young families out of bad housing into the new projects. As the program has continued, however, we have come to find a large number of fatherless families in public housing, too often to the extent of almost creating a matriarchal environment.

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Critics of the housing program have urged elimination of what they term "fringe benefits." Housing authorities have responded by storing furniture in the community buildings, or by eliminating tenant organization work from the job description of housing management, or by refusing to build community facilities in projects. The result of these moves has been to delay the process of acquaintance between new neighbors and to take from them the benefits of new association.

Under the law by which public housing was established, we segregated the low economic group. This put a "rubber stamp" identification upon families in public housing that has been extremely difficult for them to accept. In some cities the housing authorities have even gone so far as to refuse to give street addresses to families living in public housing, with the result that their economic status is early recognized when they enroll their children in school, when they apply for a job, when they "brush with the law," and so on.

During the war and for a period thereafter veterans' preference was a factor working against economic segregation. However, when the housing authorities were instructed to move back to strict enforcement of legal maximum income limits, most of them were caught with maximum limits far below those which were realistic in the light of the present economy (and, I might add, in the light of the subsidy that should be requested from Congress). For one reason or another, many communities were slow in raising their income limit; in fact, even today there are many who question whether the limits are high enough. As a result of the improved economic position of today's workers, there is ample room in that "no man's land" between the highest eligibility limits for admission to public housing and the cost of private housing. It does not make much sense from either an economic or a social point of view to have vacant units in public housing because of outmoded concepts of income eligibility or

because of the complaint of the real estate interests that its market is being taken away by public housing.

To add insult to injury, low maximum income rules have often forced families out of public housing and back to the slums as a "reward" for a promotion an energetic wage earner may have received on his job. Private housing has not been available to him, either because his wage increase was not high enough or because the private market was not providing for people of his skin color or nationality background.

So much for today's pattern of social and economic segregation. What is the situation in ethnic segregation?

We are all familiar with the so-called "neighborhood pattern" in public housing whereby people are placed in new projects in direct relation to the percentage of a given nationality, religious group, or racial group, either on the land cleared or for the community as a whole. This pattern has created segregated projects which will be with us for years to come. A hopeful sign is that people today are questioning these ghettos of society's creation. Many communities and states have recently enacted legislation requiring open occupancy in public housing. The housing authorities adopting this policy are on the increase. However, the roughest part of the road is ahead of us.

### BLOCKS TO INTEGRATION

The most serious block to integration in housing through the application of an open-occupancy policy is the current situation in the private housing market. Housing authorities which would like to move to prevent a concentration of some one ethnic group in public housing are faced with the question of where the present residents of a tract will be housed if they are evicted. Likewise, in the urban renewal program, relocation of families from the area to be renewed is slowed up because there is no place to put the families. Since displaced

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families have preference for public housing if they are in the income range, and since minority families and families with serious social problems are the most difficult to relocate, it is likely that we will get an even further concentration of minority groups along with families who are so beset with problems that they tend to be difficult neighbors. Integration does not lie down this path.

Let us look at the private housing market. In a study recently prepared by the Community Relations Program of the American Friends Service Committee, a number of interesting facts were revealed concerning the housing of Negroes. More Negroes live in cities than ever before; the Negro population is now 60 percent urban. Many cities have had spectacular increases in nonwhite population: San Francisco, 156 percent; Detroit, 101 percent; Chicago, 80 percent. Population experts predict that the urbanization of nonwhites will continue during the next decade. Now where do and will these people live? In the 18 largest metropolitan areas, 83 percent of the nonwhite increase occurred in the core city itself, while for the whites exactly the reverse was true—83 percent of the increase was in the suburbs.

From 1935 to 1950, nine million new private dwellings were constructed. Of these, less than 1 percent was available to the nonwhites, who constitute 10 percent of the population. There is ample evidence that very few new suburban houses are available to Negroes regardless of ability to pay.

The nonwhite share of housing receiving FHA mortgage insurance is pitifully small—2 percent of the total during the past 15 years. During this period, while FHA insurance covered 30 percent of all new construction, the nonwhites—10 percent of the population—received only 1 percent of the benefits of normal FHA operations. Moreover, the Southeast had a greater than proportionate share of this small amount, this going to segregated projects.

Open-occupancy projects in private housing in the United States are few and far between. Where they exist, open occupancy has been maintained by achieving a 50 percent white occupancy. In some there have been occupancy controls that limit the initial number of nonwhites. In other cases a combination of location and relatively high price has been used to attain open occupancy.

Both the builders of open-occupancy private housing and local public housing authorities face the problem of finding desirable sites. Only too often both face the objection of present residents. In addition, the private builder must meet blocks by lenders and often by government bodies.

This lack of sufficient houses to meet the need has encouraged certain practices upon the part of public-housing families which the community frowns upon. The family is in a good house and it wants to stay there, so the wage earner refuses a promotion; or a second member of the family could take employment and does not because this would place the family over the income bracket. Faced with such a situation, the tenant sometimes tries to hide extra earnings. As long as there is a shortage of private housing within the price range of families with incomes just above the maximum for continuing housing occupancy, this sort of practice will continue. Should a family be censured for not wanting to move back to a slum dwelling?

This problem, along with that caused by the dual wage systems existing in some parts of our country and the lack of fair employment practices, gives us ghettos in public housing, created or at least condoned by us as citizens if we do not raise our voices against them and the forces that give rise to them.

In my opinion, some of the current methods of tenant selection need serious review. I refer in particular to the policy of so-called objective tenant selection which uses either numerical scoring or the IBM card system to determine eligibility and place on

the waiting list. Families who live in the very worst houses and those with the greatest number of social problems have the highest score and get first choice of vacancies. This gives us a concentration of families with serious social problems, lodged under one roof or at best in one project. Put together a thousand or more of these families, and their problems seem to increase. It makes for an impossible situation.

### ROLE OF SOCIAL WORK

Increasingly, housing managers are turning to the social welfare field for help with these problems. But until certain practices and community policies are changed, social workers are greatly limited in the help they can give.

Despite this, there are certain skills that might be utilized by public housing now to alleviate the present problems in integration.

Casework skills might be used in the tenant selection process.

The skill of community organization is needed by housing authorities to plan with tenants and with the community for social services that should be made available to tenants.

Group work and public recreation skills are needed to provide for activities that bring together people within and without the project in endeavors of common interest.

Health workers and rehabilitation workers have very important roles to play.

There is another job for the caseworker, and here I think we probably need the psychiatric social worker. It is common to find prejudice against others with whom there has been no previous relationship and people who move into public housing come, not surprisingly, with their prejudices. As families get acquainted as neighbors, however, the prejudice against the unknown family or individual of another faith or race often disappears, and they live together in peace and respect for each other. This has always held true in the slums. But

there have always been individuals, and sometimes families, who have never been able to accept others because their own problems were too great. For them the skills of the psychiatric worker should be made available.

In addition to the use of our various social work skills, we have certain responsibilities as citizens, professionals, and agency representatives if we are to solve this problem. We should:

Work for private housing on an open-occupancy basis so that public housing does not become a deadend street.

Work for a program of middle-income housing so that housing is available in that "no man's land" between public and private housing.

Work with Congress and with our state and local governments for more public housing to remove the extreme competition now existing for space, so that admission policies may become more liberal.

Work for smaller projects on an open-occupancy basis so that fewer families of any given background are together and neighborhoods of better cross sections may develop.

Work for financing on the administrative level so that social welfare staff may take its proper place side by side with "housers."

Work with local housing authorities on "how to integrate." Share with them the knowledge and experience that social agencies have gained in the art of building relationships between groups of differing backgrounds.

Housing authorities also have challenges to meet:

A firm, clear, basic policy must be publicly stated by the authority itself.

The executive director must put this policy into effect at the earliest moment.

A firm and positive role must be played by the management staff.

Staff training at all levels must teach workers how to answer questions and meet problems as they arise.

## *Integration in Public Housing*

All present tenants and new applicants must be informed of the policy.

A continuous public relations program should be developed which demonstrates the policy in action—not only through mass media, but with all community groups.

Public facilities should be open to all in the project and the surrounding neighborhood as well. If there is any ethnic, economic, or social group which does not participate in some way, it should be actively recruited so that relationships with all parts of the area may be established. These facilities must have adequate staff.

Staff of the authority should be employed on a "fair employment practices" basis.

Staff should include persons with social work skills as needed to identify problems and to refer families or individuals to the proper agencies for treatment.

There are certain techniques used by housing authorities that can work either for or against integration. In the main these are site location, tenant selection, and proper use of community facilities. These facilities may be staffed by one or more local agencies, but a program must be developed toward improving relationships between people.

### **INTEGRATION IN HOUSING OUR CONCERN**

I believe we need to examine continuously where our housing policies, both public and private, are leading us. It is encouraging

to note that such examinations are being made, as witness reports from cities all over the country. For example, the Connecticut Commission on Civil Rights has just issued the results of an analysis of 72 public housing projects which include a survey of the attitudes and practices of tenants. Chicago, Philadelphia, Baltimore, as well as New York, are also re-evaluating and publishing evidence on their experiences in achieving more integrated housing and better-balanced neighborhoods.

Chicago, for example, saw the recent opening of the first six houses in a private interracial development. A real estate group in San Francisco published a report not long ago on "Racial Attitudes in Neighborhoods Infiltrated by Non-Whites." The economic facts in the situation are well demonstrated in the study recently released by the New York State Commission Against Discrimination, which needs close study by all who labor in this field because it demonstrates how far we yet have to go in solving one of our most serious problems. Yet how important that we do solve it!

By and large, wood and brick are permanent substances. The houses built in 1955 will be with us until the year 2000 at least. Are we creating the kind of neighborhoods and communities that truly make the well-being of our families possible, and give opportunity for each individual to develop to his fullest capacity?

BY MAX SIPORIN

## *Dual Supervision of Psychiatric Social Workers*

THERE IS A deceptively simple answer to the question of who should supervise the psychiatric social worker: he is supervised by a social work supervisor and by a psychiatrist. It has been observed that "In contrast to social work practice in a social agency, the social worker in a psychiatric setting is always responsible to two authorities, social work and medicine."<sup>1</sup> We may observe that this pattern of dual supervision and dual subordination is characteristic of social work practice in all medical settings, but we limit our discussion here to the psychiatric setting.

An examination of our literature and of current practice reveals a good deal of confusion about the nature of this dual supervision, and of this dual responsibility for supervision. A recurrent theme stated about psychiatric social work is that "The psychiatric social worker works in a collaborative relationship with other members of the team in which the psychiatrist has ultimate medical responsibility."<sup>1</sup> Another recurrent theme is that treatment by the social worker, and his responsibility for this treatment, is "under the supervision of a psychiatrist."<sup>2</sup> At the Dartmouth Conference of the American Association of Psychiatric Social Workers in 1950, however, "It was considered to be a principle that one professional discipline should not supervise another."<sup>3</sup>

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### VARIOUS PATTERNS

As Berkman<sup>2</sup> and others<sup>4</sup> have remarked, the patterns of collaborative practice, and of supervision, vary greatly in the psychiatric setting. Social workers, social work supervisors, psychiatrists, and psychoanalysts also express varied concepts of and attitudes toward supervision of the social worker. The reciprocal roles and expectations involved in supervision have not yet been subjected to much study, but some tentative impressions may be relevant and helpful here.

Many psychiatrists see themselves as being responsible for technical aspects of diagnosis and treatment, as well as for supervising the "psychotherapy." This concept, however, is not backed up by much actual supervisory activity beyond a paternal kind of supportiveness. Supervisors see themselves increasingly as supervising the total job of the worker, including the "psychotherapy," while continuing to verbalize

<sup>1</sup> Ruth I. Knee, ed., *Better Social Service for Mentally Ill Patients* (New York: American Association of Psychiatric Social Workers, 1955).

<sup>2</sup> Tessie D. Berkman, *Practice of Social Workers in Psychiatric Hospitals and Clinics* (New York: American Association of Psychiatric Social Workers, 1953).

<sup>3</sup> *Education for Psychiatric Social Work*, Proceedings of the Dartmouth Conference (New York: American Association of Psychiatric Social Workers, 1950).

<sup>4</sup> Morris Krugman, et al., "A Study of Current Trends in the Use of Coordination of Professional Services of Psychiatrists, Psychologists and Social Workers," *American Journal of Orthopsychiatry*, Vol. 20 (1950), pp. 1-62.

## Supervision of Psychiatric Social Workers

that "psychotherapy should be supervised by a psychiatrist." The social workers see themselves as working in "collaborative consultation" with psychiatrists, while using social work supervisors, as "supervisors," or as "consultants." In a large mental hygiene clinic known to this writer, no social worker's treatment activity had been supervised by a psychiatrist during the previous nine months. It was said that no cases appeared which seemed suitable for such technical supervision. The social work administrator stated, however, that the psychiatrists at the clinic would not give time for administrative supervision, which he felt they should do. It is evident that a number of serious inconsistencies and discrepancies characterize the problem of dual responsibility for supervision of social work practice in psychiatric settings.

The problem of double supervision has had some recognition in the literature.<sup>5</sup> There has been little attention to this problem on the part of social work, medical, or hospital administrators. At the Lake Forest Institute of the AAPSW,<sup>6</sup> several factors in this problem situation were identified. It was remarked that "By virtue of this duality, the social worker will experience difficulties unless he keeps clear the appropriate lines of communication. . . . In addition,

working in a setting where ultimate authority rests with someone of another profession may present emotional difficulties . . . to maintain his identity as a social worker and at the same time to relate comfortably and responsibly to the medical authority." This difficulty was further attributed to the nature of the historical development of psychiatric social work, to the traditionally low status of social workers in psychiatric hospitals, to the disagreement about function because of the overlapping in function between psychiatry and social work, and to either too little or too much communication between social worker and psychiatrist. The workshop participants concluded that these are "essentially problems in collaboration."

It would seem, however, that our problem situation is also bound up with shifting and confused relations of function and role, of power and control, between social work and medicine (and psychology as well) in meeting emergent social needs.

### BACKGROUND OF THE PROBLEM

It may be helpful at this point to discuss some of the background for the current situation. Traditionally, social workers have related to physicians and to psychiatrists as a subordinate and ancillary service. This was supported by the medical tradition that the individual physician has personal responsibility for the diagnosis and care of the sick. For some time the psychiatric social worker accepted this subordinate role and the psychiatrist's supervision without much conflict. Among several reasons, there was a strong need to learn from psychiatry and from psychoanalysis. This need was emotionally involved and carried with it, as Ackerman points out,<sup>7</sup> a spirit of social reform in the mental health movement. Social workers overidentified with psychoanalysis in offering personal salvation

<sup>5</sup> D. V. Blagg, et al., "Psychiatric Supervision of Casework Therapy," *Psychiatric Quarterly*, Vol. 29 (1955), pp. 232-238.

Maurice F. Connery, "Problems in Teaching the Team Concept," *Journal of Psychiatric Social Work*, Vol. 21 (1951), pp. 81-89.

Juices Henry, "The Formal Social Structure of a Psychiatric Hospital," *Psychiatry*, Vol. 17 (1954), pp. 139-151.

Knee, *op. cit.*

Margaret L. Newcomb, "The Educational Role of the Psychiatric Social Worker in the Collaborative Process," *Journal of Psychiatric Social Work*, Vol. 21 (1951), pp. 63-70.

Otto Pollak, "The Culture of Psychiatric Social Work," *Journal of Psychiatric Social Work*, Vol. 21 (1952), pp. 160-165.

Lewis R. Wolberg, *The Technique of Psychotherapy* (New York: Grune and Stratton, 1954).

Knee, *op. cit.*

<sup>7</sup> Nathan Ackerman, "Mental Hygiene and Social Work," *Social Casework*, Vol. 36 (1955), pp. 63-70.

through a kind of antiseptic of unconscious emotional problems. They adopted the psychiatric terminology, gave up their responsibility for "social diagnosis," and "social treatment," and lost themselves in the role of the "therapist."

At the same time, social work and psychiatry have shared a reciprocal development of theory and practice in regard to mental illness, with a focus on interpersonal relations and on family, social, and cultural situations. This has involved a widened concept of mental illness, a practice of family-oriented psychiatry, a development of a multidisciplinary psychiatric "team." In the team, however, the distinctive identities and functions of the participating disciplines became blurred and confused in their common therapeutic role.

### SOCIAL WORK HAS CHANGED

More recently, social work has made great strides in redefining its field of function, in developing a more generic yet specific theory and practice, and in moving toward an independent role and status. Social work can differentiate itself from psychiatry and psychoanalysis in being concerned with psychosocial problems, or with psychosocial dysfunction.<sup>8</sup> On such a basis, the social worker can be an independent practitioner, responsible in his own field of function, as well as in collaborative function, for his competence in practice. There is then less need for psychiatric-psychoanalytic teaching or technical supervision. There is also some movement toward a renewed alliance with the social sciences.

These changes may reflect a social trend away from the values of individual isolation, to new social structures based on group

living and group adaptations. Even with these new group and family living orientations, however, there are continued and expanding social demands and needs for professional help with adaptational problems. To meet this need, older patterns of psychiatric practice have been disrupted, while social work and psychology have assumed more independent and professional treatment roles. With these changes, the older patterns of supervisory responsibility in psychiatric team practice have also been disrupted.

The need to deal with the problem of supervision in psychiatric settings thus emerges from several sources and for several reasons. It is apparent that social work's new professional role is inconsistent with its subordinate position in the pattern of dual supervision. Activity on the part of social workers (and psychologists) into private practice, and away from psychiatric supervision and control, has precipitated an acute controversy about supervision of practice in relation to the personality and behavior disorders.<sup>9</sup> The three related medical associations have declared that "The application of psychological methods in the treatment of illness is a medical function . . . (The physician) remains responsible, legally and morally, for the diagnosis and for the treatment of his patient. The medical profession fully endorses the appropriate utilization of the skills of psychologists, social workers, and other professional personnel in contributing roles in settings directly supervised by physicians . . . their professional contributions must be coordinated under medical responsibility."<sup>10</sup>

<sup>9</sup> I. Galdston, "The Problem of Medical and Lay Psychotherapy," *American Journal of Orthopsychiatry*, Vol. 19 (1949), pp. 14-24.

"Who Shall Treat Emotional Disorders," Editorial, *Social Service Review*, Vol. 28 (1954), pp. 204-205.

"Psychotherapy—The Need for Definition," Editorial, *Social Service Review*, Vol. 29 (1955), pp. 79-80.

<sup>10</sup> "Psychotherapy—The Need for Definition," *ibid.*

<sup>8</sup> Ernest Greenwood, "Social Science and Social Work," *Social Service Review*, Vol. 29 (1955), pp. 20-33.

Gordon Hamilton, *Theory and Practice of Social Case Work* (New York: Columbia University Press, 1951).

Isaac L. Hoffman, *Toward a Logic for Social Work Research* (St. Paul, Minn.: Amherst H. Wilder Foundation, 1952).

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### ADMINISTRATIVE CONSIDERATIONS

Another source of need to deal with the problem of dual supervision arises from certain administrative considerations. In an agency or organizational setting such as a hospital, each employee is accountable to the organization for his performance, through some kind and degree of supervision. In turn the agency assumes some liability for the employee's performance, and gives supervision not only to insure performance, but also to protect itself and its employee. In the psychiatric agency, this organizational responsibility for supervision is shared or divided between departmental and medical administrative channels. This division of supervisory responsibility has seemed necessary because of the medical and legal responsibility for the treatment of the patient which is assumed by the physician to whom the patient is assigned.

Since the individual physician cannot supervise the extensive treatment activities carried on by many people with each patient, much of the medical responsibility has been delegated to the departmental organization of the hospital or clinic. The individual employee such as the social worker remains accountable, however, to the individual physician and to the medical administrative hierarchy, as well as to his own departmental authority. Such a division of supervisory responsibility would seem to violate a fundamental administrative principle: to avoid dual subordination or the serving of two masters, and to maintain a single line of command. The consideration of this administrative principle has been highlighted by the current ambiguities in role and function of the disciplines involved in psychiatric practice.

### EFFECT ON PATIENTS AND STAFF

From a therapeutic point of view, there is increasing recognition that the administrative organization and the social structure of

a hospital or clinic exert a significant influence on patients and personnel. There is also an increasing recognition that some of these effects may be negative and harmful. Jules Henry<sup>11</sup> has clarified how the practice of "multiple subordination" in the psychiatric hospital is inefficient in wasteful duplication and excess of effort, how it is stressful for employees and patients, how it generates antitherapeutic attitudes. He remarks that "a psychiatric hospital organized as a system of multiple subordination may not be able to provide 'therapeutic fitness' . . . for in its tendencies to divide the personnel and thus facilitate the development of all those problems consequent on a divided world, such an external system simply reproduces the internal system of the schizophrenic; and in no small part, the internal systems of many others suffering from psychiatric illness." Henry stresses that a system of multiple subordination (or "functional organization") is an underlying defect in the organizational structure of the of the psychiatric hospital. These observations are confirmed in a number of studies of the social structure of the psychiatric hospital, particularly in the work of Stanton and Schwartz.<sup>12</sup>

### SOME ATTEMPTS AT SOLUTION

These considerations help us clarify the nature of our task. This appears to be the development of an effective structure of multidisciplinary organization and collaborative patterns, and that these will have appropriate definitions and allocations of role and function, and of supervisory responsibility. Such a structure will need to accommodate emergent social needs and cultural values, to encompass the principle of medical responsibility for medical practice, to express the function of modern medicine and psychiatry, and to include a

<sup>11</sup> Jules Henry, *op. cit.*

<sup>12</sup> Alfred H. Stanton and Morris S. Schwartz, *The Mental Hospital* (New York: Basic Books, 1954).

professional role and function for social work.

An examination of the organizational structure of the psychiatric setting reveals that there are two distinctive operational patterns which handle the problem of supervision and authority in a rather novel way. These are the team method of psychiatric practice, and the pattern of supervisory-consultative relationships developed between the social worker (or psychologist), his supervisor, and the collaborating psychiatrist. These patterns represent partial solutions to the problem of organizing a multidiscipline psychiatric practice. They have certain advantages and limitations, which may be helpful for us to evaluate.

### TEAM METHOD

The concept and practice of the psychiatric "team" has justifiably been given a good deal of credit for achieving an integrated, multidisciplinary function in the diagnosis and treatment of mental illness. The close integration and the intensive collaborative relationships seem necessary to achieve a therapeutic community. The unity of purpose and effort tends to build high staff morale and to have a highly therapeutic effect on patients. The team is regarded by many staff people as a democratic organization, in which decision-making becomes a team function, and responsibility for practice and its supervision becomes a team responsibility. Thus in some settings, such as guidance clinics, patients are at times assigned to teams, and only secondarily to individual physicians. Ackerman<sup>13</sup> describes a generally accepted concept of the team as sharing responsibility for comprehensive diagnostic study and planning of treatment, with the dynamics of therapy being supervised and periodically checked in team conferences.

It has been observed that effective team-

work involves security in giving and taking of authority and responsibility, a skilled leadership which will use group process in decision-making, and a clear administrative structure.<sup>14</sup> We have already remarked, however, that in psychiatric team practice there is a blurring of professional identities, roles, and functions, and that this has complicated the task of supervisory responsibility.

The team also sets up another level of authority and supervision. In practice, the psychiatrist in charge of the team often has a coordinating, planning, and supervisory function, and a final authority for team decisions. The psychiatrists on the team, however, continue to have a personal responsibility and liability for the diagnosis and treatment of each patient. Depending on his personal competence and experience, and particularly if he is a resident, the psychiatrist is often involved in power struggles between and with social workers and psychologists. The function of the social work supervisor is vague and undefined in much of psychiatric practice, and the supervisor often appears as a supernumerary. The supervisor's objectives may be in conflict with psychiatric or team objectives for a case.

There appears to be some tendency for the experienced social worker to desire supervision from the team rather than from the social work supervisor or from the individual psychiatrist on the case. This often results in a lack of supervision or control. Also, the informal organization of the team may be at variance with its formal structure, and the team may be dominated by a strong personality or clique. It is apparent that the present structure and practice of the psychiatric team still

<sup>14</sup> Arthur L. Drew, "Teamwork and Total Patient Care," *Journal of Psychiatric Social Work*, Vol. 23 (1953), pp. 25-31.

Joseph W. Eaton, "Social Processes of Professional Teamwork," *American Journal of Sociology*, Vol. 16 (1951), p. 707.

Eleanor Cockerill, "The Interdependence of the Professions in Helping People," *Social Casework*, Vol. 34 (1953), pp. 371-378.

<sup>13</sup> Nathan Ackerman, "Training of Caseworkers for Psychotherapy," *American Journal of Orthopsychiatry*, Vol. 19 (1949), pp. 14-24.

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have not resolved the problems of authority and supervision.

### SUPERVISORY-CONSULTATIVE RELATIONSHIPS

Let us now turn to an examination of the pattern of supervisory relationships. One of social work's contributions to psychiatric practice has been certain principles and practices of supervision, and the use of the supervisory relationship as a teaching method. In recent years, there has been increasing discussion and use of the term "consultation" to complement, oppose, or supersede the practice of supervision. Workers "consult" with their social work or psychiatric supervisors. An examination of the extensive literature on supervision and consultation reveals an increasing confusion about the meaning of these terms in their usage, and great similarities of meaning in referring to "consultative," "supervisory," "teaching," and "helping" aspects of either consultation or supervision. The terms are used interchangeably without regard for essential differences in areas of expertness, in the degree of voluntary relationship and evaluative responsibility, and in the nature of technical or functional types of authority that are involved.

The two terms can be easily clarified. In supervision, there is an authoritative direction and guidance of the worker to get the job of the agency done effectively. In consultation, advice and counsel are asked for and given around specific problems and the worker is free to accept or reject that advice.<sup>15</sup> Consultation, therefore, is based on a technical authority, does not involve a relationship in administrative or

operational job authority, and also does not involve the taking of dominant or subordinate roles on a basis of operational authority. In practice, the caseworker is supervised by and relates to the supervisor or to the psychiatrist on the basis of administrative authority. The specific supervision given depends on the area of expertness or competence needed in the individual situation, and on the specific problem needs of the worker. The term "consultation" has, however, taken on the meaning of helping, voluntary, and collaborative relationships which are desired by the worker, and from which the subordinate and dependent role in supervision seems to be removed. The use of the supervisor as "consultant" has also been developed as a criterion of the worker's experience and skill, and it serves a function in a quasi-certification of the worker's technical authority, and independent competence.

These semantic difficulties have been involved in some movement to relieve the experienced social worker of supervision.<sup>16</sup> The issues here seem to be concerned with the character and degree of administrative control in supervision, a strong desire to modify the tight supervisory control that has characterized social work, and a need to have freedom from supervision of technical and therapeutic aspects of the worker's activity. One effect of such a trend has been to further modify and loosen the administrative authority of the social work supervisor and psychiatrist, and to diffuse their supervisory responsibility. The development of the supervisory-consultative pattern has also had the effect of giving the social worker a greater degree of recognition, independence, and status, and helping the worker achieve an expert competence in psychotherapeutic practice.

<sup>15</sup> Lucille N. Austin, "Basic Principles of Supervision," *Social Casework*, Vol. 33 (1952), pp. 411-421.

Jules Coleman, "Psychiatric Consultation in Case Work Agencies," *American Journal of Orthopsychiatry*, Vol. 17 (1947), pp. 533-539.

Doris Siegel, "Consultation: Some Guiding Principles," in *Administration, Supervision and Consultation* (New York: Family Service Association of America, 1955), pp. 98-114.

<sup>16</sup> Charlotte S. Henry, "Criteria for Determining Readiness of Staff to Function Without Supervision," in *Administration, Supervision and Consultation* (New York: Family Service Association of America, 1955), pp. 34-45.

## RESPONSIBILITY FOR PRACTICE

We have observed that the team and the supervisory-consultative modes of practice in the psychiatric setting have represented gains as well as complications in resolving the problem of supervisory responsibility. We also observed that the personal responsibility of the individual psychiatrist for the treatment of the patient has been modified. It may be helpful then to examine the nature of this responsibility for psychiatric and social work practice in psychiatric settings.

The responsibilities and obligations of a professional person and his role are expressed by and reside in a structure of social institutionalization, in social usage, custom and folkways, in attached cultural values and social expectations. Through such means, society (the "ultimate" authority) delegates to a profession a responsibility and authority for a specific social function and for a specific mode of social control. Such responsibility and authority are often supported and sanctioned by a formalized "legal" authority and by a legal structure of licensing and liability.

## MEDICAL PRACTICE

It has been long accepted in social custom, and well defined and licensed in law, that the physician has responsibility for the practice of a specific school of medicine. We distinguish this responsibility from a general responsibility for the care of the sick.

Licensing has been granted to physicians from other than the allopathic school of medicine, such as osteopathy. Also, an increasing number of professional groups have been licensed as "limited practitioners of medicine"—dentists, optometrists, chiropractors, chiropodists, physiotherapists. The medical responsibility for medical practice is therefore being shared with an increasing number of professional groups.

The legal responsibility and authority for medical practice include a legal and

personal liability on the part of the physician for malpractice. Malpractice may be understood as negligence on the part of a professional person which results in injury to a patient or client. This malpractice consists in departing from accepted standards for the exercise of professional judgment, for "due care" in the use of knowledge and skill, and in diagnosis and treatment of the sick patient. The personal responsibility of the physician carries over when he leaves the setting of private practice for the setting of a hospital or clinic. He is there employed as an "independent contractor." It is on this basis of employment of the physician as an independent contractor that charity and non-profit hospitals have not been held liable for malpractice, though they have been held liable for nonmedical actions of negligence on the part of their employees. Though governmental medical agencies can be sued only with their consent, the physician has been regarded as still personally liable for malpractice in such settings. According to legal theory and decisions, nonmedical personnel such as nurses or attendants are held liable for their own acts of negligence, but the physician can also be held liable for these acts of negligence, according to the legal principle of *respondeat superior* (the master is held answerable for the acts of his agent or servant).<sup>17</sup> This legal principle further holds that "the servants of the hospital become agents of the physician when acting under his immediate supervision and control."<sup>18</sup>

It is apparent that this legal structure in support of medical practice evolved from the kind of practice in which the individual physician carried on a private professional activity, for all of which he was personally accountable. Such a legal situation lags

<sup>17</sup> E. Hayt, L. Hayt, and A. Groeschel, *Law of Hospital, Physician and Patient* (New York: Hospital Textbook Company, 1952).

<sup>18</sup> Louis J. Regan, *Doctor and Patient and the Law* (St. Louis, Mo.: C. V. Mosby, 1949).

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far behind the present structure of organized group medical practice in hospitals and clinics, where the locus of responsibility for practice has shifted to the medical organization. Recent court decisions have been in the direction of accommodating the law to the new structure of medical practice in varied ways. Thus, an X-ray technician has been held to be an "independent practitioner, practicing medicine for limited purposes."<sup>19</sup> Corporations such as group clinics and private hospitals have been permitted to engage in medical practice.<sup>19</sup> Such changes in legal structure and in medical practice are subject to a good deal of controversy, and the matter of group medical practice is currently being tested in the courts.<sup>20</sup>

### RESPONSIBILITY FOR PRACTICE OF PSYCHIATRY

The legal structure of specific medical practice such as medicine and surgery seems to be well defined, with established and accepted standards for their diagnostic and treatment operations. In regard to the practice of psychiatry, however, generally accepted standards for the diagnosis and treatment of "nervous and mental illness" have not yet been established. Such standards are even more difficult to establish with the present lack of an accepted definition of "mental illness," and with the recent extension of the term to include psychosomatic as well as the personality and behavior disorders. The term "mental illness" encompasses psychobiological diseases as well as psychosocial, moral problems. In law, the deviations of insanity and of the personality and behavior disorders still often appear to be considered as moral acts, as often as they are accepted as "mental illness." The medical responsibility for treatment of the mentally ill (as distin-

guished from responsibility for medical treatment, including psychotherapy) also does not appear to be clearly defined in the law.

While there has been a long tradition of medical care for the mentally ill, this care has also always been a community and family responsibility. It has been assumed by many religious, charitable, and humanitarian groups through history, including the philosophers of Graeco-Roman times. Toward the end of the eighteenth century, asylums for the insane were built in which a method of "moral treatment" was developed and practiced by lay groups, under Quaker and similar leadership.<sup>21</sup> In recent years, there has been a rapid expansion of nursing home care for certain groups of mentally ill people, often with little, if any, medical supervision or direct treatment.<sup>22</sup> It is also being increasingly recognized that large numbers of overtly mentally ill people are being cared for by private and public social agencies.<sup>23</sup> The legal and social structure for psychiatric practice thus seems rather undefined and unclear.

### SOCIAL WORK PRACTICE

Turning to a similar examination of the legal and social structure for social work practice, this appears to be even more undefined and unclear. We begin by observing that social agencies have a long tradition in the religious and charity movements, in the care of social problems. Social agencies are chartered or legally authorized to provide "social services."

<sup>21</sup> Lucy D. Ozarin, "Moral Treatment and the Mental Hospital," *American Journal of Psychiatry*, Vol. 111 (1954), pp. 371-378.

<sup>22</sup> Karl Menninger, "Psychiatric Responsibilities in Nursing Home Care," *Bulletin of Menninger Clinic*, Vol. 19 (1954), pp. 16-18.

<sup>23</sup> Laurretta Grill, "Family Agency Service to Seriously Disturbed Persons," *Social Casework*, Vol. 35 (1954), pp. 387-393.

Lucille Austin, "Relationships Between Family Agencies and Mental Hygiene Clinics," *Social Casework*, Vol. 36 (1955), pp. 51-59.

<sup>19</sup> E. Hayt, L. Hayt, and A. Groeschel, *op. cit.*

<sup>20</sup> Emanuel Hayt, "The Attorneys General and Medical Practice by Hospitals," *Hospitals*, Vol. 6 (1955), p. 53.

Until recently, social workers functioned only in social or medical agency settings. Social workers are understood to give service to *clients*, in regard to emotional-social problems. Like psychiatry, social work has not yet developed generally accepted standards for its diagnostic and treatment operations. Greenwood<sup>24</sup> has recently clarified the nature of social work as a *practice*. Legally, however, social work has not yet been recognized as a profession, though social work is moving toward certification or licensing, in order to achieve a legal professional identity.<sup>25</sup> Legally, therefore, a social worker might not be held responsible for his own *practice*, which is a professional technical activity. In fact, though, there seems to be some social acceptance of social work as an ethically responsible and professional activity. Thus, it is noteworthy that, as of May 1955, as far as can be ascertained, no social worker in this country has been sued or held liable for malpractice or negligence. It is also noteworthy that no physician or psychiatrist has been sued or held liable for the negligent action of a social worker. These facts lead us to the question of whether a physician or psychiatrist is personally responsible or liable for social work practice under the legal principle of *respondeat superior*.

From such legal as well as from other considerations, we can conclude that social work, rather than medicine or psychiatry, is responsible for social work practice, and that social work has the supervisory responsibility for technical social work practice. Such a conclusion recognizes that when

medical practice includes social work, there is a medical administrative responsibility for supervision that social work is used to achieve the medical objectives. We therefore clarify that the nature of the supervisory responsibilities involved are different. This clarification, however, does not resolve the problem of dual supervision in the medical settings. It may enable us, though, to move toward a workable solution and to meet some of the larger social issues and needs which require our common effort.

### SOCIAL NEED

At several points in our considerations we have been impressed with the aspect of social need in relation to mental illness or social problems, and that this seems relevant to our study problem of dual supervision of social work. The aspect of social need seems to involve what Parsons has termed "the social role of illness," and the social, cultural "role of the sick person."<sup>26</sup> According to Parsons, illness can be understood to have a social role as "deviant behavior." The role of illness is "a mechanism of social control—primarily by directing the passive deviance of illness into closely supervised medical channels."<sup>27</sup> The sick person is excused from normal social expectations, obligations, and functions by a medical authority. He is increasingly cared for in social institutions, such as hospitals, which are outside of and away from family responsibility and function. He then learns to get well through "the supportive and the disciplinary components of the therapeutic process."<sup>27</sup> Relating this concept of the social role of illness and medical care to social work practice, we find that the social worker has here assumed a supportive and mediating func-

<sup>24</sup> Greenwood, *op. cit.*

<sup>25</sup> R. E. Arne, "Protection of the Public Through Licensing of Social Workers," *Social Work Journal*, Vol. 33 (1952), pp. 184-190.

John S. Bradway, "Legalizing the Professional Social Worker," *Social Service Review*, Vol. 19 (1945), pp. 48-60.

John S. Bradway, "Go Ahead and Sue Me," *Social Service Review*, Vol. 25 (1951), p. 289.

Nathan Sloate, et al., "Social Workers and Registration, Certification and Licensing," *The Compass*, Vol. 26 (September 1945), pp. 3-20.

<sup>26</sup> Talcott Parsons, *The Social System* (Glencoe, Ill.: Free Press, 1951).

<sup>27</sup> Talcott Parsons and Renée Fox, "Illness, Therapy and the Modern American Urban Family," *Journal of Social Issues*, Vol. 8 (1952), pp. 31-44.

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tion. We may observe that the social worker has also assumed an integrating function, in helping the sick person return to his family and social roles.

To carry this analysis further, it would seem that in recent years the social role of illness has continued to change in the direction of including within the category of illness more forms of social deviation—personality and behavior disorders, social inadequacies and immaturities, as well as sociopathic, antisocial, or socio-legal problems such as juvenile delinquency, sex crimes, and divorce. These deviations are labeled and treated as illness, and even as "mental illness." They were formerly subject to strong social disapproval. At present, though, an immature person who cannot support his family may be regarded as "sick," and therefore he has a "right" to community help and to welfare aid.

Thus, medical illness and social deviations (or "social illness") are being perceived as interrelated, and perhaps as identical, in a number of ways. Also, both types of illness are the subject of a changing structure of social control through new forms of medical-social, or medical-social-legal, institutions and organizations. For example, some forms of public assistance require medical and social work certification of incapacity to be self-maintaining. Juvenile protective or court agencies make use of psychiatric opinion as do family service agencies. At the same time, social workers are part of the "medical" professional staff of many hospitals and clinics. Thus social workers and physicians provide a joint certification of the "sick" person's incapacity to carry on social obligations, a combined sanctioning of the illness, a collaborative medical-social treatment. Many social agencies have taken on a medical-social character. This evolving social structure for medical and social illness may be responding to a need for a less punitive and more effective "mechanism of social control" for deviant behavior, and particularly for the personality and behavior disorders.

We can begin to understand that the present confusions and shifts in role and function between social work and psychiatry, between social agencies and psychiatric hospitals and clinics, are responsive to the demands of such a social need. Such a trend has far-reaching implications for social work and medicine and for a continued collaborative practice.

### A NEW BALANCE

In our discussion thus far, we have clarified certain professional, administrative, therapeutic, and social needs in the development of an effective structure of collaboration and supervisory responsibility between social work and psychiatry. We have observed that these needs have been influential in disrupting previous patterns of multidisciplinary function and role, and toward establishing a new and more productive balance. A consideration of these needs becomes part of an indicated program for mutual effort.

1. Social work needs to achieve for itself a more fully professional role and status. This would give to social work the social authority it needs to carry out its emergent social function. To achieve this social authority would involve some method of certifying the social worker's professional competence and technical authority as an expert, as through the doctorate in social work, or through legal certification or licensing. Such certification would need medical help and support. It would grant to the social worker a functional and legal authority for his social work practice, and could allow private practice under proper ethical and medical safeguards. To achieve these gains would also involve the formation of definite and acceptable standards for social work practice and a classification system for social work diagnostic and treatment operations.

2. It would be helpful to achieve some interprofessional understanding that would

grant a mutuality of professional status and role among our related disciplines. Such a mutuality of status, for example, would conceive of social workers as consultants in medical settings, just as physicians are consultants in social agency settings.

3. A more effective administrative organization of the lines of authority and supervisory responsibility needs to be established within the psychiatric team. Several such organizational patterns could be explored.

One organizational pattern could involve an application of the administrative concept of line and staff responsibility to psychiatric team practice. In such an organization, supervisory responsibility follows unit rather than departmental lines, while the staff function is usually concerned with planning, coordination, and technical advice. Thus the psychiatric team could be a tightly knit functioning line unit, with the psychiatrist taking the administrative and medical responsibility in and for the team, and with the social work supervisor acting as staff consultant to the social worker.

Another approach might be the placing of full supervisory responsibility within the social work department, with the social work supervisor assuming administrative as well as a technical supervisory responsibility. The social worker would be using the team for collaborative activity and consultation. Here the medical administrative responsibility would be carried by the

medical administrator to whom the social work department is accountable.

A third pattern might be based on a clear definition and allocation of administrative and technical supervisory responsibilities among the social work department, the team, and the psychiatrist in charge. Such an allocation of responsibilities would depend on the hospital or clinic settings.

Each of these patterns still involves some form or degree of dual supervisory responsibility, and dual subordination to medical and social work authority. The problem aspects of such supervisory practice, however, could be largely obviated. In addition to those suggested above, other approaches might be appropriate and effective. Recognizing the significant influences of organizational structure on staff functioning and on the therapeutic effort, it would be helpful to experiment with and attempt new organizational patterns in order to study further and understand this aspect of interprofessional practice.

The integrated balance of a democratic, multidisciplinary psychiatric organization can provide a therapeutic society for the patients and families it serves. Such a therapeutic society could provide the social models and the cultural values through which mental as well as social illness may be effectively treated. A collaborative effort to achieve the objectives and the needs considered in this paper would constitute a major contribution to our respective professional fields.

BY EILEEN BLACKKEY

## *Social Work in the Hospital: A Sociological Approach*

TO DISCUSS THE emerging role of social work in the hospital setting is to reflect in capsule form the emergence of social work as a profession. Historically, social work has been identified with many types of settings where social work functions as one part of a broader service—hospitals and clinics, courts, schools, churches, and other organizations—as well as with agencies whose sole function is social welfare, for example, family service, child welfare, and public welfare agencies. One of the major problems of the profession has been its efforts to develop an exclusive function supported by academic training and skills, at the same time that it has had to adapt itself to settings in which social work is only one of a group of professions practicing in relation to a core function.

It is my purpose to deal, within a sociological frame of reference, with the special demands made upon social work in one of the multiservice settings—the hospital—and to examine some of the problems inherent in the struggle for professional identification and integration.

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### STATUS IN THE MEDICAL SETTING

If we apply to the development of a profession some of the concepts about the influence of cultural patterns, we recognize that "a profession's traditions, rationale, ethical system, body of knowledge, vocabulary, special function tend to make it a culture within a culture."<sup>1</sup> The more recent a profession's development in these areas, the more difficult is its struggle for identification when it is required to function in close collaboration with a higher prestige profession which has a longer and more firmly established status. In the hospital setting, where life and death factors control the environment, the profession of medicine must of necessity assume the role of authority. This authority, coupled with the prestige of the medical profession, represents formidable hurdles for other professional groups in the hospital. In most instances they have to carve out their own professional functions and engage in an active campaign of interpretation and demonstration in order to diminish the social distance between their services and the medical staff, and achieve the purposes of the hospital.

In a setting where function and activity are geared to illness and its treatment, so-

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<sup>1</sup> Charlotte Towle, *The Learner in Education for the Professions* (Chicago: University of Chicago Press, 1954), p. 217.

cial work in the hospital finds itself in the anomalous position of working with the patient in relation to that part of him which is well and able to function, as contrasted with concentration on his illness per se. The social worker must *know* about illness and its impact on the individual and his family, but his major concern is with the personal and social strengths the patient can marshal to recover and to make the maximum adjustment of which he is capable after his illness. The traditional orientation of the physician and the heritage of the hospital as an institution often mitigate against the point of view which emphasizes health rather than illness. This difference in orientation makes it difficult to give proper recognition to the social worker's area of competence in the care and treatment of patients. The recent shifts in medical thinking toward a health-oriented philosophy and practice will ultimately make themselves felt in the hospital setting but the deeply entrenched cultural patterns of the past will not easily give way.

Since the group, in this instance the profession of social work, cannot escape the influence of its larger cultural and environmental situation, some observations about its development should be made here. Social work, regardless of setting, has traditionally been concerned with helping people in trouble, and in the early years of social work's development, before the advent of psychiatry and its contribution to the understanding of human behavior, social work's identification was largely with the alleviation of economic distress and the initiation of social reform. Although social work is still concerned with these two important areas of our social existence, it has broadened the scope of its basic functions and has deepened its professional knowledge and skills in relation to the psychological and cultural areas in human welfare.

A cultural lag persists, however, in that there is still a strong identification in the minds of the medical profession, and else-

where as well, of social work with relief giving and the pathology of community life. This attitude has represented one of the most difficult barriers for social workers to overcome in hospital programs and in the profession in general.

### DIFFERING PHILOSOPHIES

The relationship between medicine and social work is influenced also by the philosophy which each profession brings to its practice. It is recognized that the profession of medicine is extremely structure- and status-oriented. This is brought about in part by the standardized training in medical schools and the rigidity of the AMA professional code. Hubert Bonner has observed that, by virtue of their domination by strict codes, doctors are overwhelmingly conservative, especially in their professional attitudes and behavior.<sup>2</sup> I assume this is an observation which allows for exceptions, but the cultural fact is significant since it presents a contrast to the profession of social work in which there is a much higher degree of professional equalitarianism and a strong liberal philosophy based on identification with basic human needs in our society. Social workers are often thought of as radicals and there is no doubt but that where conflict exists between doctors and social workers, some of it has its roots in the differences in social philosophy. Social workers are often targets of resentment because they symbolize the conscience of the community and by their very presence arouse the guilt which all of us carry with regard to the suffering of our fellow men.

Perhaps one more cultural factor should be mentioned here as affecting the role and status of social work in the medical setting. This is the fact that social work has been predominantly a woman's profession, and

<sup>2</sup> Hubert Bonner, *Social Psychology—An Interdisciplinary Approach* (New York: American Book Company, 1953), p. 302.

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although during the past ten or fifteen years there has been quite an influx of men into the profession at all levels of responsibility, the earlier association still persists. This is especially true in the hospital environment where traditionally the nurse and the social worker have been equated with the role of the mother figure in administrations to the sick. In addition, the status hierarchy in hospitals has in the past discouraged men from seeking social work assignments there because of the limited opportunities for professional recognition and advancement. Both of these restrictive influences are breaking down however. The most dramatic evidence of this is the extent to which men social workers have gone into military and Veterans Administration hospitals throughout the country.

### THE HOSPITAL AS A SUBCULTURE

That the hospital and its environment represents a subculture for patients and staff alike must be understood and reckoned with in building a professional service as part of the hospital function. The hospital setting above all others constitutes, as Merton puts it, "... a formal, rationally organized social structure involving clearly defined patterns of activity in which ideally every series of actions is functionally related to the purposes of the organization."<sup>3</sup> The medical function, which represents the primary purpose of the hospital's existence, is the central focus of all activity in the hospital. Generally speaking, social work in the hospital has had to make its own way. Rarely in the past has an administration insisted upon it as an absolutely essential service in fulfilling the function of the hospital, as would be true in the case of nurses, pharmacists, or dietitians. This is understandable in the light of the slow movement in medical care toward consideration of and responsibility for the patient

as a person rather than as a medical case, but the situation has contributed to the status problem of social workers and has in some instances relegated them to a tolerated rather than an accepted part of the hospital program.

Medical social work has not always been able to enunciate its function with the clarity and scope it does today. The statement of standards issued by the American Association of Medical Social Workers lists the following areas of social work responsibility within the hospital:

1. Practice of social casework.
2. Participation in program planning and policy formulation within the medical institution.
3. Participation in the development of social and health programs in the community.
4. Participation in the educational program for professional personnel.
5. Social research.

The professional goals implied in these standards are not easy of attainment. Those relating to administration, teaching, and research all call for special skills and knowledge which relatively few social workers now functioning in hospitals are prepared for by training. Professional schools of social work and in-service training programs in hospitals are beginning to identify and teach the specialized aspects of these functions which, although rooted in medical social casework practice, do represent additional levels of responsibility and additional dimensions of professional thinking. These declared purposes represent the transition from a period when all but the function of direct services to patients, families, and community were latent goals in the minds of the social workers. That team responsibility, teaching, participation in policy making, and research can be enunciated as formal expectations rather than existing, as in the past, as unavowed goals in the minds of the social workers is evidence of an

<sup>3</sup> Robert K. Merton, *Social Theory and Social Structure* (Glencoe, Ill.: Free Press, 1949), p. 151.

emerging full-fledged professional role in hospital social work.

Some rather interesting phenomena are at work in the hospital structure with regard to the realization of these goals. The medical hierarchy, which within itself reflects some of the same problems of status and authority it creates for other professional groups in the hospital, is a time-honored part of hospital structure. The value system attached to the hierarchy must be understood by those who function in and with it. In the earlier years of medical social work, there was a tendency, because of its stage of development and its insecurity in relation to the hierarchy, to submerge its identity and to become "hand-maidens" of the hierarchy itself.

### THE TEACHING ROLE

The teaching role was initially assumed by social workers as one of their undeclared purposes in order to bring about some awareness, on the part of the doctors, nurses, and other hospital personnel, of the social and emotional factors in illness and recovery. This purpose was not often a declared one, primarily because social workers did not feel secure enough to state this formally as one of their functions. But for their own professional ears they talked about "educating the doctors" and the campaign to do so went on in individual conferences, in staff meetings, in ward conferences, during coffee breaks. This was an informal teaching role and consisted mainly of working case by case to improve social attitudes and to provide doctors with knowledge which would give them more understanding of the psychodynamics of behavior. Today, in addition to the informal teaching role, social workers, particularly in teaching hospitals, have moved into a more formal type of teaching assignment and participate in the teaching programs of the medical schools through serving as lecturers, consultants, or in joint preceptorial responsibilities

ties with medical faculty. More and more the teaching function of the medical social worker in this formal sense is emerging as a recognized part of medical school and hospital administration, although, as indicated by the following illustration, the process is a complex one.

In one hospital, an educational project directed toward giving medical residents some awareness of the social and emotional components in illness brought into sharp focus feelings and reactions hitherto unrecognized or understood. The project grew out of concern on the part of the social workers that medical education incorporate the type of knowledge and understanding that would result in considering patients as social beings in relation to their illness. Medical administration and key medical staff supported the project wholeheartedly; in fact, it was initiated on the wards under medical rather than social service sponsorship as a way of insuring its status in the eyes of the residents. Social workers, however, had to assume primary teaching responsibility because of the nature of the material. Considerable thought and careful planning went into the orientation of hospital staff to the idea, which was implemented mainly through teaching the residents to assume responsibility for taking the social as well as the medical history of the patients and for discussing the patients' situation at the regular teaching ward conferences attended by medical and social service staff. Here the social workers participated actively in the interpretation of the social and emotional factors in the patient's illness.

After two years of demonstration of this teaching program, a two-week workshop with participation by the medical staff, including residents, and social workers was held at the hospital to evaluate progress and determine future planning. The observations made below are from a sociological rather than an educational point of view.

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It was significant that throughout the project the teaching conferences were referred to by the medical staff, residents and chiefs of service alike, as "social service conferences" rather than as "medical ward rounds," the accepted terminology of the hospital. It is true that they were special rounds for a special purpose, but the purpose remained identified with social service rather than medical education and practice.

Some very interesting observations were made by the doctors during the workshop about the relative position of doctors and social workers in the hospital hierarchy. One physician felt there was an emotional threat to the resident in that the social worker's concept of what should be known and understood about a patient encroached on his professional prerogatives. The residents saw the social workers as having specific tasks in regard to patients' problems but these did not include sharing professional responsibility for the patient. As one resident put it, it was like "having the social worker act as any other consultant in the hospital would act." Taking the social history seemed to be identified by the residents as a routine rather than a dynamic process, and in being asked to obtain social information from the patient as part of understanding his medical problem, they were inclined to feel they were being asked to do the social workers' jobs for them.

In the opinion of another physician, the resistance of the residents was a reflection of a basic resistance to the structure and auspices under which the hospital worked. This was a government hospital and feelings about government medicine came out at surprising times, about surprising things. The social aspects of a patient's case and the identification of social workers with that area of patient care often brought about rejection of this aspect of the residency training program. It would be folly to contend that all the factors operating in this project had sociological explanations. An understanding of individual needs and

strivings is basic to an analysis of any situation no matter how strong the impact of environmental and cultural factors. This would be especially true in the highly competitive professional life of a hospital setting. Educationally this project made many converts over a period of time, but the degree to which it was accepted was in direct proportion to the administrative support and leadership given to it by the medical hierarchy. As one resident put it, "Anyone with an M.D. is better than good people with other graduate degrees, including Ph.D.'s."

### THE INTEGRATING ROLE

Because of the nature of their training and function, social workers are peculiarly well equipped to serve in a motivating, facilitating, and coordinating role in a multi-discipline setting where a high degree of integration of services is essential to carrying out the function of the hospital effectively. Because their professional concern is not only with the patient but also with his family and his community, the social worker represents the professional glue, so to speak, by which various aspects of the hospital's service are brought together on behalf of the patient. This is well demonstrated by a project undertaken in the children's unit of a large private medical center.

On the hospital's most difficult ward, one which housed children with chronic or terminal illnesses, the social work staff were greatly perturbed over the poor medical management of the ward as it affected individual children and the group, and the limited understanding on the part of internes and residents of the social and emotional problems confronting the children and their families. The social workers were in a strategic position to gauge the impact of the hospital on the children, to serve as listening posts for parents as they expressed their feelings during visiting hours, and to see the importance of a

synchronized approach on the part of the ward staff to treatment, discharge planning, and follow-up care of patients. On this children's ward, no administrative provision had been made for insuring regular interprofessional communication, a device which the social workers felt was essential to effective functioning of hospital services. A proposal was made by the social work staff that a regular weekly ward conference be instituted as a way of bringing together in conference once a week all the professional staff of the ward to consider individual cases and to arrive at individual and joint professional responsibility with regard to them.

As the social workers persisted in their efforts toward this goal, several difficulties were perceivable. They sought out the Department of Psychiatry of the medical center as an ally since the psychiatrists were interested in the same goals in relation to the children's hospital and this ward in particular. Historically, social work has been closely identified with the field of psychiatry; in this instance their joint goal of trying to introduce psychiatric concepts into the thinking and practice of pediatric internes and residents meant that the social workers had to share the hostility which general medicine felt toward psychiatry. Although the ward conference got under way, this resistance did not diminish to any noticeable degree during the first year, and the medical staff continued to project their feelings by calling the social workers "bird dogs for the psychiatrists" and referring to the ward conference as the "spook conference." Nevertheless, the structure of the ward conference was maintained on a permanent basis, primarily because, through case-by-case demonstration of the results of this professional teamwork, the medical staff not only came to recognize the administrative advantages of such a plan, but as time went on they began to use the conferences as a channel for sharing profes-

sional responsibility for patients and for an interchange of professional knowledge, both of which uses contributed greatly to an integrated and enriched service to patients.

This project, like many others in which social workers are involved, points up the complexity of factors at work in an institutional setting and the impact of the internal system on interprofessional relationships and organizational functioning.

The growing interdependence of the health professions has placed on each of them a greater need for emphasis on clarifying for themselves and their colleagues in other professions the activities and relationships appropriate to their particular fields of practice. In most hospitals, the social worker is by now an established member of the hospital or ward team. In the framework of the team, all the factors discussed here as applying to the hospital at large are present in concentrated and intimate form. Here are put to test all the basic elements of professional maturity and here are operating all the mechanisms of the hospital environment. The team concept represents something quite different from the old pattern of medical authority handed down as orders to be carried out. It is based on a recognition of the contributions of other professions and on a mutual respect of each for the other. It is in this smaller laboratory of relationships where the usual cultural disparity between medicine and the other professional groups in the hospital setting can be lessened. Since a ward staff group or a team is one of many such groups which form a matrix within the hospital, what happens in these groups by way of positive or negative professional associations can quickly be carried through the informal channels of communication to the rest of the hospital. Demonstration of competence and the capacity for interdependent relationships at the team level will do more to bring about professional acceptance and recognition than any other one factor.

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### CONCLUSION

While social work has some rather distinct status problems of its own, they are not too different in many ways from those of the other health professions. One of the hopeful signs is a stirring in all professions today toward the changing concept of the professions, in educating "for professional adjustment to a world of emerging ideas rather than a world of fixed doctrines."<sup>4</sup> This means breaking with tradition in many respects and moving more into the areas of experimentation and a scientific inquiry in relation to making the helping professions more helpful.

Social work in the hospital should be ready now to take inventory of the gaps in

its preparation for this broader and at the same time more integrated approach to health services. One of the steps in this direction, it seems to me, is to acquire more understanding of the contribution which sociology is making in its research into the institutional environment and its impact on those who live and work within it. Such understanding should draw heavily on sociological and psychoanalytical knowledge and experience. Social case workers by training have more of the latter than the former, and also by virtue of their training are individual-focused and lack the concepts by which to analyze the hospital environment in its totality. The new professional partnerships in education and practice which are being formed out of the mutual concerns of the professions should portend creative and productive results in the future.

<sup>4</sup>George A. Kelly, "Training for Professional Function in Clinical Psychology," *American Journal of Orthopsychiatry*, Vol. 21 (1951), p. 312.

BY ISIDOR CHEIN

## *Narcotics Use Among Juveniles*

WHEN OUR GROUP at New York University and others started investigating juvenile drug use in 1952 at the request of the United States Public Health Service, we were exploring a virtually unknown territory. Available information was for the most part unsystematic or unreliable or both. This condition largely determined the design of our studies: it was necessary to obtain, first, a bird's eye view of *each* of the many aspects of drug use among juveniles before pursuing detailed investigations of any one. At present we have completed the collection of data in a number of studies. In these studies we have attempted to analyze:

a. The characteristics of neighborhoods in Manhattan, Brooklyn, and the Bronx in which heroin use by male adolescents has the widest prevalence;

b. The relationship between the rates of drug use in various neighborhoods and the rates of other delinquent activity;

c. The home life and other behavioral and attitudinal characteristics of one hundred heroin users and one hundred non-users;

d. The role that the delinquent street gang plays in heroin activity; and

e. The prevailing information and attitudes toward drugs and drug use among about one thousand young boys, about thirteen or fourteen years old, who live in three neighborhoods differing in known incidence of heroin use.

In the last-mentioned study, in addition to items about drug information and attitudes, we also inquired about certain general attitudes and value systems held by these boys, and certain specific attitudes toward police, parents, etc., that we hope will help to establish some of the psychological context within which these boys hold their beliefs about and their attitudes toward narcotics.

The first four of these studies are essentially complete and the fifth is now in its final stages. During most of this period we had the benefit of close contact with the psychiatric and clinical psychological study of juvenile drug users and a control group which was conducted by Donald Gerard and Conan Kornetsky. We have also collected the data and are now in the midst of a more intensive analysis of family relations in a group of users and controls; we are also conducting a six-month follow-up study of 30 boys released from Riverside Hospital; and, since all of the preceding involves only boys, we are planning to collect comparable information about a series of female cases.

### WHERE DOES JUVENILE DRUG USE FLOURISH?

Our first study sought to determine some of the characteristics of neighborhoods with

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high drug incidence. The first step was to collect the names and addresses of boys between the ages of sixteen and twenty-one who had in the four-year period from 1949 through 1952 come to the attention of some official agency in the city in connection with narcotics. Our primary sources of cases were the courts and municipal hospitals in the three boroughs of Manhattan, Brooklyn, and the Bronx. Drug incidence in the two remaining boroughs of New York City was negligible during that period. From the courts we obtained not only the names of boys who had appeared on a drug charge, but also of others who had been apprehended on other criminal charges and, upon medical examination, proved to be drug users. We pruned the list, eliminating duplicate references to young men whose names came up more than once. We thus arrived at a list of 1,844 boys who were involved with the use, possession, and/or sale of drugs. There were, on the average, more than five hundred new cases a year from 1950 onward. We distributed the addresses by the census tract divisions (areas of from four to six square city blocks) of the 1950 census, and calculated census tract rates of drug use. The 1950 census also gave much information about each census tract, such as median income, educational level, and so on. We were then in a position to describe the relative characteristics of the neighborhoods in which youthful drug use flourished and those in which drug incidence was low.

Briefly, our findings from this study were these: in each of the boroughs, drug use among adolescent males is mainly concentrated in a small number of census tracts (three-quarters of the cases in 15 percent of the tracts). These tracts constitute the most underprivileged, crowded, and dilapidated areas in the city. The next step involved an analysis of the relationship between neighborhood characteristics and drug rate within the area of high incidence of narcotics use. This analysis supported the first findings; that is, even when we looked only

within the epidemic areas in each of the three boroughs, drug use was highest where income and education were lowest and where there was the greatest breakdown of normal family living arrangements.

### OTHER FORMS OF DELINQUENCY AND DRUG USE

The second study consisted of an analysis of a sample of court charges other than narcotics violations lodged against boys in the same age group as in the first study. We also covered the same time period but for practical reasons limited this study to the Borough of Manhattan.

Our data show that all the neighborhoods where drug use has spread in "epidemic" proportions are located in very high delinquency areas. However, there are areas of equally high delinquency rates where drug use has not spread to any comparable degree. Those areas which are high in both drug use and other forms of delinquency are economically and socially the most deprived areas in the city. Those areas that are high in delinquency but low in drug use are substantially less deprived.

There was a general rise in total delinquency from 1949 to 1952. This borough-wide rise in delinquency can, however, be accounted for entirely by an increase in lesser violations—misdemeanors and summary offenses. There was no year-to-year change in the number of felonies. The sharp increase in lesser violations along with no change in the number of more serious ones held true in both the high drug-use neighborhoods and those with less drug activity. The only difference we found between the high and low drug-use areas was that the percentage of delinquencies probably motivated by profit was substantially greater in areas of high drug use than elsewhere in the borough—in other words, that where drug use was epidemic, the pattern of juvenile crime tended to shift to activities that could yield ready cash. This trend was especially strong in 1951

and 1952, the period when drug use had reached peak levels in these neighborhoods.

As one would expect, only some adolescents in even the areas of highest incidence took to drugs; by far the highest proportion of known users in any census tract was 10 percent of the adolescents.

### COMPARISON OF BACKGROUNDS

Our third study explored further into family characteristics and personal experiences which might distinguish users from nonusers who lived in relatively high-use areas. We interviewed 200 boys at great length. The original design called for four groups of 50 cases each, but some of the cases had to be shifted from the cells to which they were originally allocated when additional information was accumulated. As a result, we had one group of 59 who were otherwise delinquent before they became users, one group of 50 delinquents who had not become users, one group of 41 users who were not delinquents before they took to drugs, and a fourth group of 50 boys who were neither delinquent nor users. The four groups were matched as closely as possible for incidence of drug use in neighborhoods of residence and on a number of other variables (age, ethnic origin).

One of the questions that concerned us was whether environmental deprivation is as characteristic among drug users as it has been proven to be among delinquents. In our study of the four groups (delinquent versus nondelinquent, and users versus nonusers) we secured such rough indices of economic deprivation as the family being dependent on outside financial help, low occupational status of the chief breadwinner, and poor housing facilities. We also obtained such rough indices of deficient family atmosphere as poor family cohesion, psychosocial pathology in the family, and many traumatic experiences.

A comparison of delinquents and nondelinquents showed, as one would expect

by now, that the delinquents are significantly more deprived than nondelinquents on both types of indices. This greater deprivation in the background of delinquents obtains when we compare drug users who were not previously delinquent with those who were; and the greater deprivation of delinquents also holds when we consider only nonusers. These differences, moreover, are still found when we consider the Negroes, the Spanish-speaking group, and the remaining whites separately.

However, when we compare users and nonusers, we find no differences between them in the white and Spanish-speaking groups. Though the delinquents as a group were the most deprived, there was no difference in this respect between those boys who were users and those who were not. Similarly, for the white and Spanish-speaking nondelinquents: there was no evident difference in deprivation between the users and nonusers. But we do find differences among Negroes that are related to drug use: Negro users (both delinquent and nondelinquent) come from economically more deprived homes than comparable Negro nonusers.

Thus we may conclude that (within the relatively narrow range of variation found in areas of drug use) gross differences in environmental deprivation within the home do not appear to play a significant role in the etiology of drug use among white and Spanish-speaking youths over and beyond their role as a factor in delinquency. Environmental factors that do play a special role in drug use would have to be along lines other than those that are associated with delinquency. Among the Negroes, the pattern is not too clear, but factors related to economic deprivation may be playing a special role in the etiology of drug use. This is in line with a finding reported above from the first two studies—namely, that the neighborhoods which are high in both delinquency and drug rates are more deprived than areas which are equally high in delinquency, but low in drug rate. The neigh-

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borhoods which are high in both tend to be Negro neighborhoods.

### HEROIN USERS

From the 100 heroin users in our sample we learned a great deal about the heroin involvement and practice among adolescents in New York. Almost all had smoked marijuana prior to trying heroin—a sequence almost universal until a few years ago. (There is some more recent evidence that some beginners may now start with heroin without the intervening step.) Only 10 percent actively sought the first opportunity. The typical introduction to heroin was either in a group setting or at the initiative of a youthful friend. Contrary to popular belief, in almost all cases the novice does not get his first shot from an adult pusher. The vast majority were regularly on heroin within a year, at a median age of sixteen. The age of sixteen appears to be the most vulnerable age for those prone to drugs: if offered heroin at this age, they are more likely to try, they are more likely to have a positive reaction, and they subsequently make less effort to break the habit. Once regularly on the drug, 85 percent took at least one dose daily, a majority taking it twice a day or more. Almost all "mainlined," that is, took the drug intravenously. The habit is expensive, the median outlay being about \$35 a week and ranging to more than \$70 a week.

There appears to be a difference between those boys who had been delinquent prior to using heroin and those who had not, and there are substantial numbers of both types. Those who had been delinquent tend to be "social users" more often, take the drug in order to belong, to "be down," and for the pleasure of it. Drug use seems to be, so to say, just another way of being delinquent. This conclusion is also supported by the fact that we experienced great difficulty in locating delinquents in the very high drug-use areas who were not also drug users—that is, where drug use is widespread, the

delinquency pattern apparently comes to include it. By contrast, those who were not delinquent before they became users come from somewhat higher economic levels and appear to be more psychologically disturbed. Drugs seem to play a supportive role for them—they do not take them for the "kicks" as much as for the sense of being better able to cope with their problems. It is necessary to add that this distinction between the delinquent and nondelinquent users, which we are reasonably convinced embodies a basic core of truth, is nevertheless saved from being a gross oversimplification only by the semantic ambiguities inherent in the concept of delinquency.

Many users expect little from life and society and they value refinement and an easy and comfortable life. At the same time they do not appear capable of exploiting the opportunities available to them in their environment. Their social values and attitudes fall into a syndrome which could be called the *cat* culture.

Asked to check a true or false list of attitude statements, the majority of a supplementary sample of users for whom the prior relationship to delinquency was, unfortunately, not determined checked the following as true:

Most policemen can be paid off.

The police often pick on people for no good reason.

You're a fool if you believe what most people try to tell you.

The thing to do is to live for today rather than to try to plan for tomorrow.

The way things look for the future, most people would be better off if they were never born.

Everybody is just out for himself. Nobody really cares about anybody else.

They checked the following as *not* true:

Most policemen treat people of all races the same.

I am sure that most of my friends would stand by me no matter what kind of trouble I got into.

And they checked that, more than almost

anything else in the world, they would like very much to:

Always be doing a lot of new and exciting things—never to be bored.

Be able to get other people to do what you want.

Be able to take things easy and not have to work hard.

A majority of the controls gave the opposite responses to all eleven items.

The presence of antisocial gangs and individuals in the neighborhood and the "cat-culture" they have created constitute a threat to those adolescent boys who want to avoid trouble with the police and make something of themselves. The control group protected themselves by using more discrimination in selecting friends, by dissociating themselves determinedly from those who were heading for trouble, and by forming a subculture of "squares" which differed in activities, interests, and aspirations from the "cat-culture" which surrounded them. The value-system of the control boys is more rooted in reality and more oriented to the future. They manage to find opportunities for expanding their horizons, and they utilize more fully the limited resources at their disposal in both school and community.

We expect to know more about the nature of the relationship between pro- or antidrug attitudes and the general system of social values and attitudes when our analysis of the fifth study is completed.

#### **DRUG USE IN STREET GANGS**

But we have not yet described the fourth. In this study, conducted in cooperation with the New York City Youth Board, we obtained information about the drug-use patterns of 18 antisocial street gangs in the city from reports of group workers who are in close contact with the gangs. From this study we have learned that, contrary to widespread belief, drug use is not by any means necessarily tied up with gang activities. In some of the clubs there is no drug

use at all, in others less than half the membership take drugs, in only two clubs were more than 65 percent of the members also users. Only occasional heroin use is approved by the bulk of club members; habitual use of heroin is generally disapproved and addicts lose their leadership status.

The common belief that street gangs are the centers of organized drug selling activity is evidently another myth. In fact, there appears to be no organized selling activity in any of the clubs.

The allegation that street gangs are a major source of recruitment into drug use has not been substantiated. We know that within the club there are not only no efforts to recruit users, but there are often active efforts to discourage habitual heroin use.

Finally, certain differences seem to be apparent in the life style of users and non-users in the clubs: users are more likely to go along on gang-planned robberies and burglaries as well as "lineups" and other forms of sexual delinquency, but they are less likely to participate in club-sponsored social and sports activities or in gang fights.

In general, it appears that the street gang is like the neighborhood itself, an area in which juvenile drug use occurs. The gang in itself does not seem to be a special causative factor. If there is a special problem of drug use in the street gangs, it is mainly because street gangs are likely to bring together a high concentration of otherwise personally and socially maladjusted boys. With respect to these boys, there appear to be two developmental stages in which the gang seems to assume different roles related to drug use. In the adolescent stage (roughly under the age of eighteen) the street culture favors "acting out" on a gang basis. Rumbles, fights, hell-raising, competitive sports are an appropriate expression for this age. Even if the gang includes a large proportion of anxious, inadequately functioning boys (of the type we would consider prone to drug use), the activities of the gang offer a measure of

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shared status, a measure of security and a sense of belonging. The boys do not have to face life alone—the group protects them. Escape into drugs is not necessary as yet.

But as the group grows older, two things happen. Sports, hell-raising, and gang fights become "kid stuff" and are given up. In the normal course of events, the youthful preoccupations are replaced by more individual concerns about work, future, a "steady" girl, and so on. If most of the gang members are healthy enough to face these new personal needs and engage in the new activities appropriate for their age, the availability of drugs will not attract their interest.

But for those gang members who are too disturbed emotionally to face the future as adults, the passing of adolescent hell-raising leaves emptiness, boredom, apathy, and restless anxiety. In a gang where there are many such disturbed members, the lone user will soon find companions, and cliques of users will grow quickly. Enmeshed in the pattern of activities revolving around the purchase, sale, and use of drugs and the delinquent efforts to get money to meet the exorbitant cost of heroin, the young users can comfortably forget about girls, careers, status, and recognition in the society at large. Their sexual drive is diminished, they maintain a sense of belonging in the limited world of the addict, they remain children forever.

### ATTITUDES, VALUES, AND DRUG INFORMATION

The fifth study represents, apart from its intrinsic theoretical interest, a research bridge to an action program of prevention. Any such program must deal with youngsters who are approaching but who have not yet reached the age when drug use typically starts. Partly for this reason and partly for reasons that have to do with sampling problems, we focused in this study on eighth-graders. The municipal and paro-

chial school systems of the city assisted us in administering drug information and attitude questionnaires to about one thousand boys—the entire eighth grade—in three selected neighborhoods of low socioeconomic status. One of these neighborhoods had the highest drug rate in the city; the second had a somewhat lower drug rate; and the third had very little drug activity at all until recently. In general, we find that boys from the neighborhood in which drug use is most widely prevalent hold the most tolerant attitudes toward drugs and drug users, but at the same time are least likely to possess correct information about drugs and their consequences. These are the same boys who, according to their own report, pick up most of their drug information from the street, about half of them knowing at least one heroin user personally.

Two categories of boys were especially uninformed on almost all questions, even in comparison to the general low level of information held by all groups. These are the adjustment class boys in Harlem<sup>1</sup> and the Puerto Rican boys on the Lower East Side. There was not a single item among the 15 we asked to which a majority knew the correct answer—not even the easiest item on the test, namely that it is against the law to give away drugs. Only 40 percent in these two groups gave the correct answer to this.

It is of interest to note that these two groups of boys have the most favorable attitudes toward drug use and heroin users. One-third of them agree with the statement, "Heroin is not as bad for a person as some people say. They make too big a fuss about it." Twenty percent indicate that they believe that users can get along better on their own than nonusers. The very groups of boys who reveal a gross lack of even rudimentary information about drugs contain

<sup>1</sup> These particular adjustment classes contain only Negro boys.

substantial numbers who profess favorable attitudes to drugs and to drug users.

Our questionnaire allows us to look further into the boys' value systems and attitudes about other topics. As one might expect in a group of problem youngsters in a high delinquency neighborhood, the adjustment class boys have very negative attitudes toward the police. A large majority of them, in contrast to our other groups, highly value the enjoyment of life by "having lots of thrills and taking chances." These boys think of themselves as lucky; most feel that nothing can stop them once they really make up their minds to do something and that you should live for today rather than try to plan for tomorrow. Yet they are pessimistic and distrustful. Half believe that, the way things look for the future, most people would be better off if they were never born. Nearly as many agree with the thought that there is not much chance that people will really do anything to make this a better world to live in.

All these studies have concerned themselves with the social environment of the juvenile drug users. We have learned that the social pattern of using narcotics is highly concentrated in the most deprived areas of the city; that it is associated with the type of delinquency producing ready cash; that the pattern of using drugs spreads within the peer-group and apparently is meaningful in the context of the social reality in which the boys live; that the users (and nonusing delinquents) live in a special defiant and escapist subculture side by side with the other subculture of "squares" who want to lift themselves out of their depriving environment. This last and other findings point to a selective factor in the personality of the drug-prone youths.

### PERSONALITY OF THE YOUNG ADDICT

Psychiatric research into the personality of young addicts—and especially the study of addicts and controls by Donald Gerard and Conan Kornetsky—suggests that juvenile

addicts are seriously disturbed emotionally, a large proportion suffering from overt or incipient schizophrenia. There appears to exist among the juvenile addicts a pattern of symptoms which clinicians in various parts of the country continue to confirm: (1) dysphoria, i.e., a characteristic mood verging on depression and involving feelings of futility and expectations of failure; (2) problems of sexual identification evidenced by manifest sexual psychopathology and/or difficulties in assuming a masculine role; and (3) disturbances of interpersonal relations, characterized by inability to enter prolonged, close, or friendly relationships with either peers or adults. Furthermore, addicts typically have a low tolerance of anxiety and frustration, and are eager to use "props" and supports of any kind whenever available. Opiates are particularly effective for addicts as anxiety-reducing and tranquility-producing agents.

In the broadest terms, the potential male addict may be described as suffering from a weak ego structure, weak superego functioning, and inadequate masculine identification. In addition, the typical young addict's attitude characteristically involves a lack of a realistic middle-class orientation and a distrust of major institutions.

### FACTORS CONDUCTIVE TO ADDICTION-PRONE PERSONALITIES

Our more recent study of the family background was designed to test our predictions that the family background of addicts would contain specified kinds of factors conducive to the development of these three personality characteristics and two social attitudes. Two groups of families—30 families of users and 29 of controls—were interviewed by social workers on details of family life and history.

The analysis of the findings of this study confirms our predictions that addicts come from a home environment with features conducive to the development of the type

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of personality structure and attitudes found in these young people.

As to what we have called ego-damaging factors, almost all the 30 addicts came from families where there was a disturbed relationship between the parents as evidenced by separation, divorce, overt hostility, or lack of warmth and mutual interest. Furthermore, most of these parents either overindulged or harshly frustrated the boys as children. Most of the parents of our addicts had unrealistically low (though sometimes they had unrealistically high) ambitions for the boy. What they wanted for him as an adult was usually inappropriate to their objective family circumstances or the ability of the youngster.

In relation to factors we have considered as leading to inadequate superego functioning, we found that the addicts experienced very frequently, and much more often than the controls, cool or hostile parent figures, weak parent-child relationships, lack of clarity as to the way in which disciplinary policies were established, and vague or inconsistent parental standards for the boy.

In relation to the third personality characteristic, there were many things about the family background of the addicts that would interfere with the normal development of feelings of masculine identification. In almost half of the cases, the father-figure was absent from the home during the early childhood period, and in many other cases when a father was present, he was cool or hostile in his attitude to the boy. The general pattern was of a weak relationship (the father having very little to do with his son), open hostility, or no relationship at all because of a broken home.

As for items related to our prediction that the parents of our addict subjects would be much less realistically middle-class oriented people, this was especially true in relation to their attitudes toward the future of their sons. Though the control families were also living in very poor

neighborhoods, and were very often members of socially and economically deprived minority groups, the latter parents were able to encourage their sons to plan on the basis of their abilities and to make realistic use of the limited opportunities open to them. Not so the parents of the addicts.

Finally, with regard to the general life attitudes of many of the addicts' parents that would tend to make for pessimism and distrust on the part of the youngsters, these parents were frequently distrustful of authority figures such as teachers and social workers. They tended to entertain low aspirations for the boy and a pessimistic outlook toward their own future.

In summary, the findings of this study clearly suggest that the pathologic personality characteristics of the addict are consistent outgrowths of the disturbed pattern of family relationships to which he has been exposed.

## THEORETICAL OVERVIEW

We have, of course, struck only the highlights of our various studies, but, even so, the very variety of data must be quite confusing at first reading. Perhaps it may be helpful if we were to review, in admittedly oversimplified form, how the picture adds up to us.

Forms of behavior like delinquency and drug addiction—and, for that matter, any other form of behavior—do not take place in a vacuum. They are carried out in a physical and social context which plays an important role in determining their likelihood of occurrence and the specific forms that they take.

Obviously, for example, no one would take narcotics if there were none available to be taken. This is a basic fact even though it is extremely difficult to hold it in balanced perspective. For one thing, it dangles before us the tantalizing objective of eliminating narcotics addiction by making narcotics unavailable. This objective is so tantalizingly real that it makes it dif-

difficult to bear in mind various complicating factors. For instance: (1) the fact that reduced supply without a corresponding reduction in demand raises the market value of narcotics and, hence, places an additional premium on smuggling and also puts increased pressure on the addict so that he must increase his own criminal activities to be able to support his habit; and (2) the fact that law enforcement is effective in controlling behavior only to the extent that its sanctions are stronger, more certain, and more immediate than the potential rewards of violating the law. But, more fundamentally, the basic fact is that a supply of narcotics is simply a necessary condition for taking them and not an impelling force. Hence, eliminating the necessary condition would not in itself eliminate the impelling forces and these would continue to have some kind of consequence even though they could no longer lead to drug addiction. If we were to go into this matter further, therefore, we would have to face up to the question, if the channel to addiction were irrevocably closed, into what other channels would the unaltered impelling forces push the individual—and would these alternatives be preferable to addiction?

Now, it is not our purpose to evaluate the law-enforcement approach, but merely to illustrate that the environment does influence behavior and that even when some aspects of this role are obvious, they are not necessarily simple. We have, however, digressed from our main purpose which was to give our interpretation of the available information about the determinants of drug use. Let us return to this.

### BREEDING GROUND

There are segments of communities in which there is a relative breakdown in the fabric of human relationships. The individual has no real roots in a permanent community. His position is such that he experiences himself as standing essentially alone against the rest of the world. The fellow human beings with whom he comes

into contact are compelled by force of circumstances, if not by personal predilection, to scabble around, each for his own needs—and he does not have the security of knowing that, should he need their support, he can rely upon them for this. He shares in the common dreams of a good life, however he may interpret the latter, but the bleak circumstances of his situation give him no realistic expectations of ever being able to achieve it, and he is confronted by an "endlessness of days." There does not appear to be any real point in working toward a brighter future, only in seizing upon the pleasures of the moment. The standards of behavior which are so highly valued by other segments of society have, at best, only negative significance for him—for living up to them can only protect him from an additional burden of trouble rather than provide him with the missing satisfactions of living. Perhaps there are also constructive possibilities open to a person in such an environment; but almost everyone whom he meets is in a like situation to his own, and their communicated perceptions and the observable events of their lives only reinforce his view of human society and of his own future—that is, the constructive possibilities, if they exist, are not easy to see.

This is the kind of environment which is the breeding ground of delinquency and crime, alcoholism, drug addiction when drugs are widely available, and a variety of other antisocial and socially maladaptive behavior. Such an environment can, no doubt, come into being in a variety of ways. In New York City, it is associated with the triad of neighborhood characteristics already mentioned—widespread poverty, low level of education, and high proportion of broken families and other deviant family arrangements—and with a large number of other related characteristics that are brought out in our analysis of the neighborhood data. Also, we should not forget that where antisocial behavior becomes widespread, a new norm tends to emerge which is not only

consistent with the prevailing atmosphere but which also makes such behavior acceptable and even desirable.

The prevailing atmosphere of degenerated interpersonal relationships that characterize the neighborhood can be markedly counteracted by one's experiences in a cohesive family group. Such experience can give one a sense of human solidarity, a feeling of belonging, respect for the integrity and value of the individual human being, and the long-range motivation of things worth living for. But in the kind of environment that we have been describing, the family itself is especially vulnerable as is evidenced by the high proportion of abnormal family arrangements in the high use areas.

Even in the best residential areas, poor family relationships in the early life experience of a person can go pretty far toward creating an atmosphere of degenerated interpersonal relationships such as that described as characteristic of our deteriorated neighborhoods—that is, a lack of security in one's fellow human beings, a sense of everyone's being out for himself, a sense of futility, of not really belonging, and so on. Now, place such a disrupted family in the midst of such a deteriorated neighborhood and the effect must be immeasurably enhanced. It is precisely from such disrupted families in such deteriorated neighborhoods that the bulk of our delinquents and drug users come.

Yet, after all, a person is still a being who is more or less capable of resisting the pressures of his environment, of responding differentially to its various aspects, and of helping to shape it to his own ends. We do not mean to imply that the environment played no role in making him what he is. The history of a person's interactions with the environment that go into shaping his personality, however, involves not merely the order of environmental conditions that we have described, but also many more subtle and more or less idiosyncratic events occurring in a particular order in time in an

infinite series of epigenetic cycles. It is as a net product of such a history that an individual stands, at any given period of time, more or less against his immediate environment and also more or less vulnerable to it.

Now, there are some individuals who, on the one hand, do not have strong internalized restraints and who, on the other hand, have various neurotic and other needs such as an accumulated fund of hostility against man and society, an urge to maintain a sense of personal integrity in the face of society at large, a desire to share in the social goods that seem to be denied to them, a need to conform to the behavior standards of the deviant social circles in which they move, and so on—such individuals are inclined to act in what we regard as an antisocial manner. If these needs are strong enough, and the inner restraints weak enough, such people will become delinquents and criminals in the best of environments. Suppose, however, that the balance of needs and restraints is not essentially different than in the average member of our society. Place a person with such needs in an environment which is favorable and conducive to antisocial behavior—an environment such as we have described—and he too is likely to become a delinquent. The stronger the needs and the more conducive the environment to delinquency, the more certain does eventual delinquency and crime become.

If drugs become available on a large scale—in the highest drug-use area of the city, 45 percent of the eighth-grade boys indicated they knew one or more heroin users personally, close to 40 percent claimed to have actually seen someone taking heroin, and 10 percent said that they themselves have already had the opportunity to try it out—with such easy access to drugs, a new wide-open channel of delinquent activity becomes available. And many try it out although not all of them become addicted. In fact, our study of juvenile gangs brought out the existence of regular "weekend" users who have not developed increased

tolerance and need or withdrawal symptoms after several years of use. Addiction apparently depends not merely on continued use, but also on psychological and perhaps physiological predisposition. This is not to gainsay the possibility that there may be some limit of prolonged use beyond which everyone would become addicted—and, of course, the frequency and size of intake are undoubtedly a factor.

Many of the delinquents who experiment with heroin do, of course, become addicted. There are other addicts, however, who have not responded to the delinquency-producing vectors of their environment by becoming delinquent, but who nevertheless display personality patterns that are in close harmony with the social atmosphere of their neighborhoods. These are the unaggressive, withdrawn, dysphoric individuals who even at best would find it difficult to relate to other people. In an environment which fully justifies a pessimistic outlook and in which it is at best difficult to establish wholesome interpersonal relationships, they are totally lost souls. To them, narcotic drugs like heroin offer a quick and royal route to meeting the challenge of living. Heroin and its related subculture gives them a sense of well-being and of social acceptability and participation. If the price is a terrible one to pay—and, as our data indicate, it is one of which they are likely to be all too imperfectly aware—the pseudo-rewards, especially in the "honeymoon stage," are far more glittering than any-

thing else their environment offers them. Given heroin, these young people are doomed.

## REHABILITATION AND PREVENTION

This, then, is the interpretation of juvenile narcotics use that we offer. Our studies, however, were not simply academically motivated. If so much of our initial efforts were oriented toward elucidating and explaining the phenomena, it was at least in part because we had to understand the nature of the problem before we could hope to offer any worth-while ideas that might contribute to doing something about it.

During the past year, our thinking has moved in the direction of the problem of rehabilitation and prevention. We are now in the midst of a follow-up study of 30 boys released from Riverside Hospital and we hope to gain much practical insight into their problems and the role of the community in the posthospitalization period.

As for prevention, we have come to the conclusion that it is not feasible to conceive of worth-while community action programs with a narrowly defined goal of preventing drug use. We perceive drug use among juveniles as one symptom among many and we envisage a program aimed at helping personally damaged and environmentally deprived youths to grow up into healthy adults—and that means *not* users, *not* delinquents, *not* mental patients, *not* recluses. But this is a topic for another paper.

BY JACOB HECHLER

## *Social Controls in Institutional Treatment*

SINCE SOCIAL LIMITATIONS constitute the universally present boundaries within which children find their containment, the definition of control is here viewed beyond discipline alone and is put within these broader dimensions. It is a truly remarkable fact that we endow social limits with qualities that then act upon us as inner force. On the one hand we place a protective value upon them, that is, they mark the boundary between the safe and unsafe; at the same time, however, we also put a moral value on them, for they mark the boundary between good and bad, right and wrong. In this latter, their ethical manifestation, controls serve as the spiritual ingredients going into the integrative process that we conceive as emotional growth. But we shall confine the discussion here to the action of controls as a means of enforcing conformance to the social mores.

### PROTECTIVENESS OF CONTROLS

The sheer necessity for outer controls is never more evident than when we witness emotions getting beyond the child, a phenomenon observable under all sorts of circumstances by parents especially, but also by other persons who work closely with children. When this happens one cannot but become acutely aware of the child's confusion, and often fright, and realize that he hasn't the power to stop the excess, indeed that it cannot be stopped without a restraining hand, but also come to know

the grateful calm that settles within the child when he feels this hand to be there.

Mostly we experience this with very young children but often enough with older disturbed ones. Occasionally there are extremes that serve to bring home the point even more, as for example in hysteria when a sudden shock, let us say from a slap, has the effect of stopping the wildness abruptly, as if restoring to the patient some organizing force within, but also bringing him into dependency to the person who administered the shock, who in fact acted as protector. However extreme this example, and however infrequent an occurrence in children's work, it is perhaps for that reason all the more apt to bring home what happens in the more subtle or more obscure breakdowns that occur regularly and, we might even say, normally. Equally important, it may give us a clue as to what happens in the counterpart to this condition, when it expresses itself not in breakdown but in its opposite form, where there is so much defense against controls that it permits no positive relation to it, only an inordinate need to overpower it. However such behavior may be rationalized by an overcontrolling child, he is nevertheless similarly frightened when he finds himself beyond bounds.

This then is the essential thing, that the child is able to hold himself together psychologically only if he remains within a clearly circumscribed field, and that it gives him a sense of safety if held within it. Even more, it also gives him a feeling of being protected and cared for. For our purposes it is especially this latter principle that I am anxious to underline, because without such a response from the child to a sense

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of care, nothing from outside himself can be taken in healthily—this evocation is the absolute requisite for the acceptance of controls.

### VALUE OF SOCIAL CONTROLS

But since the forms of control differ and may be construed as either restraint or guidance as the case might be, this may lead us to expect varying feeling reactions correspondingly. Disciplinary measures, for instance, are more apt to feel like willful imposition just because they may arbitrarily be applied or not at will, and for that reason are more likely to bring child and adult into stronger personal contention, with the child's projections more wholly placed in the adult. Controls that, on the contrary, have been built up around such routines as eating, sleeping, going to school, around such customs as religious observances, around such requirements as medical and dental examinations, and so forth, are part and parcel of the social mores, impersonal and beyond the power of any one individual to alter. Although insistence upon them does, of course, often bring child and adult into conflict, there is diffusion of feeling due to the fact that the child cannot think himself so wholly justified as he does when he is punished.

Moreover, there is here also its counterpart that should not be lost sight of, which concerns the adult. The adult is unable to administer punishment or even merely to deprive without setting up in himself an uncomfortable sense of separation from the child, without feeling something stiff and opposing in his very posture, and without being disturbed by a feeling that there is something wrong in what he is doing. It is no wonder then that, when the word "control" is uttered, its immediate association is "discipline." This latter side of its meaning evidently takes precedence because the arbitrary, even if just, use of personal power produces so much guilt feeling that it leaves too painful a memory to want to

repeat it. On the contrary, the second kind of controls typified by such regulatory features as customs and routines are more readily accepted as right, and the adult is therefore not beset with such feelings except as he fails to fulfill these duties or uses his overpowering strength arbitrarily.

### EFFECT ON CHILD-WORKER RELATIONSHIP

It is when we are able to take in with conviction the meaning of containment in the aforementioned sense that we lift controls onto levels that make possible that fine balance of firmness and solicitude so necessary to its application, and in the process neutralize what otherwise might be differences in effect. Controls do not, in and of themselves, determine effects but it is rather the attitudes with which they are administered and the circumstances under which they happen that will. It is this that makes it possible to skip over the differences in forms and to pass on to the essential thing, which is the actual emotional interaction between child and institutional worker through the medium of controls. For we will find in the last analysis that really we have only ourselves to use within the communal frame we work in. Moreover, it is not so much a question of the particular kind of force that is exerted upon the child from the outside that matters, but rather what he does with it developmentally, which to a certain extent depends on what we put into it.

Therefore, in order to study the action of controls in its distinctiveness within the institutional setting, it is necessary to center our attention upon the particular conformance of the relations of child and worker as this is determined by the conditions under which they are brought together. For depending upon this outer conformance the inner life will be stirred superficially or deeply. We shall presently see that there are important special features that distinguish the institutional setting and therefore these relationships, and that these features

## *Controls in Institutional Treatment*

lend to it a decidedly individual character, with special significance for child training and treatment.

### **COMPARISON TO HOME AND SCHOOL**

Controls exist everywhere but normally the home and the school are the two places where they are the basic spontaneous elements in child rearing and training, while the placement situation, in our case the children's institution, constitutes a third but derivative place. Notwithstanding certain outward similarities, the underlying differences of the institutional situation from the other two endow the relationship of child and worker with correspondingly different qualities. Where we normally regard the home as the central source of the child's emotional development and the school of his intellectual education, the institution is there for his emotional development but must accomplish this as an educational facility.

This becomes clear when we compare certain of the main features. Whatever the extent to which we succeed in incorporating home conditions and qualities into it, the institution in many ways still more nearly approximates the school. For one thing, there are many similarities in structural features, in buildings, communal and personnel organization, in custom and mores, and so forth. The institution similarly more nearly approximates the school in various important compositional aspects with respect to the children. For example, they are related only through the mere chance of having been brought together, their relationship with personnel can only be a temporary one, they are organized and worked with in groups. The closer similarity to school is furthermore apparent in respect to the position of the institutional worker. As is the case with the teacher, for example, the house parent cannot act relatively as a free agent, as the real parent does in her own home, but rather as agency representative. This means that however

much her own self comes into it, her aims are much more likely to be guided by community ideals than by personal ones. Similarly, supervisory personnel, taking over-all responsibility for the behavior of the children on and off the grounds, hold much the same position as school deans. The points of comparison could be extended.

If then we examine the interaction between child and institution worker under these circumstances, we will find as a result that the mutual personal claims upon one another, and therefore the nature of the personal involvement as they meet around controls, is both less in intensity and more circumscribed in its expression than is true of the child-parent relationship. On the other hand it is more intense, goes much deeper, and is much less circumscribed than the child-teacher relationship simply because the emotional life is touched so directly. Even so, the greater degree of formality that necessarily exists here stimulates in the child restraints and inhibitions which enter into his entire behavior. Therein lies the significance of the particular conformances in relations which the institution by its nature imposes. Actually in its totality, in this profound difference as it impresses itself upon the child, the institution as a whole acts as a powerful control, enforcing restraints.

Yet it should be noted that, though this tends to still the emotions and to act as a settling force, it nevertheless also serves to lessen the strength of the primary conflicts, if not to lead to their avoidance or denial or to their suppression altogether. These limitations give us incidentally some insight into the question often raised as to the permanence and carry-over into the home of inner controls gained in the institution. While this of course varies greatly, depending as it does on many factors, and while it is often possible in casework and in therapy to lay open the conflict, nevertheless in an over-all sense this neutralizing process is at play. Thus often enough we will find that when the child does return

home, there is a revival of the original problem. This may seem at first glance to lessen the value of institutional care, especially as a treatment facility, but actually it should rather help us to distinguish its particular values and to see the place of the institution in truer perspective. In treatment situations, for example, there are times when it is essential that such restraints be called forth and that there be a settling down even at the price of the avoidance of the primary conflict. Often this is the judgment on which removal to the institution is based. But even aside from this, we may observe that there are a great number of cases where the acceptance of controls is for the time being made more possible in the institutional setting just because it is free of primary relations, and it remains only that we learn to distinguish these cases for proper allocation.

At the same time, in dealing with this question of the influence of the institution upon the child through the medium of controls, it is just this primary or parental factor that creates for it its central practical problem. It is a problem easily identifiable from conventional and not merely institutional experience. We may note in this respect the disturbing effect upon the very young child when, as sometimes accidentally occurs in ordinary social intercourse, there is a mistaken inference as to the identity of its own mother and with what impelling force the child immediately reacts to set the matter straight. Similarly, in many different ways, the children in the institution keep continually reminding us that their emotional center of gravity remains in their own homes. Thus, although the institution assumes a parental function, we can hardly escape knowing that to the child we are in fact less than parents. The differentiation lies deep in feeling. There can be no acceptance of controls, therefore no possibility of growth, without identification as a beginning, and the question is thus all the more emphasized as to what lies within the institution to counteract this and to awaken

and nurture such positive attitudes as will lead the child to unite in feeling with it. In school the child can more readily pass over into such identification because there is no conflict between the educational task and that of the home, but here in the institution there is conflict.

Here we are led back to the aforementioned principle of care, and if we look briefly at a case in which controls, including discipline, play an outstanding role in its management, we may see how this makes itself felt as it works itself out in the institutional setting.

### USE OF CONTROLS

In this case the child in question (Carol, twelve and one-half) started out, which itself is unusual as a beginning, by refusing to hold to any order or routine, especially refusing to shower or even to clean herself, and almost immediately started fighting with the other children, who soon had their appropriate nickname for her, "Cobra." Actually, she had had to be removed from a fairly well-to-do, intact home as a discipline problem. In the neighborhood she had fights with the other children, in school her lack of conformity and extremism, like insisting on bringing her pet monkey to class, led finally to her being expelled, but worse than anything else (what has proved to be the fulcrum of the problem) were the fights with her mother. These latter were in fact often physical and took on a murderous quality, and once the mother, sobbing uncontrollably, revealed just such feelings as well as suicidal thoughts attributed to this bad situation. The guidance agency handling the case at the time felt under the circumstances that treatment was possible only if the child were removed. Following are excerpts taken from the reports of the cottage mother, some of which are paraphrased, to which is added a summary of the activities of the children's supervisor (or the dean) since this is so closely related.

## Controls in Institutional Treatment

2-23. Carol returned from dinner and announced she was going to watch Walt Disney's program. When I told her we do that only after we take our showers and get into pajamas, she flatly stated she wasn't going to take any shower till she got out of here. In the midst of this she went into a tirade against her mother ending up with the statement that she hated her guts. I ignored this and told her she'd get a choice seat if she got into the television room early but she insisted she wouldn't shower. I said, "Sorry Carol, if you don't shower you can't see television," to which her answer was "So what!" and she went upstairs. But then later she came down again and asked whether she could watch television first and shower later, adding "I promise you, Lulu, I will." I agreed and told her I was sure she would keep her word, and she did . . . when she got into bed, however, she announced she wouldn't go to school tomorrow. I said, "Let's not worry about tomorrow. After a good night's rest we'll all feel better." Carol then said, "You better call my mother before she makes a long trip Saturday because I won't see her." It appeared wiser to ignore this statement too.

2-24. Carol got up and said she wasn't going to do her bed and was going to sleep in it tonight as is. She refused to change her clothes or put on a bra. I was not too successful this morning. Carol walked out, the room undone.

3-3. Carol returned from dinner this evening, went up to her room without any announcements, showered, and dressed for the dance. She called me and asked whether I thought she looked pretty. I told her she looked very attractive and asked whether she would like to have her hair brushed. She looked at me hesitatingly and said, "Do you mean you'll fuss with my hair after all the trouble I gave you?" . . . After I finished brushing her hair she placed a kiss on my cheek and said, "Honest, Lulu, I'm going to do what you ask me." She went off to the dance in good spirits and returned, stepped out of her clothes and left them lying on the floor. . . .

3-6. This morning the group observed

Carol putting on her sweater without a bra, and Hazel called her a slob and said even the girls in Cottage 12 were talking about her. It seemed wise not to allow any further criticism as the group's resentment of her uncleanness and "holier-than-thou" attitude was getting out of hand . . . I managed to separate them and Carol went downstairs. But in a short time I heard screams, went downstairs, and found that Carol had had a disagreement with Ann and had kicked her. It was impossible to get a clear picture of the incident because the group was high, all blaming Carol which, after all the conflicting stories, I didn't accept.

4-22. Carol finished breakfast and announced it was her turn to pile and clean the table. She proceeded with a dry rag and when I suggested she would get better results from a damp one, she replied that she uses a dry one to collect the crumbs from the table and a wet one to shine it. I told her she was the only one in the cottage who really did the job correctly, at which Carol beamed and said "You see, Lulu, I'm trying and I'm doing better every day. It's my mother that needs Pleasantville. Because she had a bad childhood, she took it out on me. She's the one that made me so bad and made me come to Pleasantville. She better start to do better herself."

*The Children's Supervisor.* Since the situation with Carol was continually getting out of hand, the children's supervisor had frequently to be called in. His activities are different from that of the cottage mother in that they are carried on within the broader framework of the institution as a whole and that the children associate in his person the ground rules. His restraints upon Carol had necessarily to be different and in the eyes of the community were certainly more severe. When, for example, she persisted in her refusal to attend classes he let her know he would carry her to school if she made that necessary. When she disturbed the cottage, he removed her to the infirmary to cool off. These restraints sobered and quieted her invariably. But at the same time he talked with the other children admonishing

them to be patient with her and reminding them that most of the children have a hard time when they first come. Carol could not help but learn of this intercession in her behalf. Toward him too she was quite respectful, held herself in restraint for a good part of the time, though never becoming as intimate as with her cottage mother.

### THERAPEUTIC CLIMATE

This material, which is amply duplicated in the reports of the school and various activities' groups, lends itself to interpretation from different sides. One could, for example, refer to the comparative formality of the relationship and restraint in attitude with respect to the staff members here involved as against the girl's more childish claims upon her parents. One could additionally point to the fact that it was possible here to apply controls flexibly without too strong a feeling of being defeated. But to explain how it is that this child could at the same time as she learned to adhere to these limits take on the improved positive attitudes that she did (so much so as to even begin to make friends), we need to understand that everything in the environment translated itself into solicitude for her welfare, in the protection afforded her, and in the clear willingness to help. This is what every situation set up with a training or therapeutic purpose must be endowed with, and, no different in the institutional situation, what Carol could identify with. A comment recently made on the case was that, as controlling a child as Carol was, she really understood that in our refusal to change the environment to suit her desires we were really holding out for her, and that she therefore could respond to it not merely positively but "artistically." Should an institution be without this interest and feeling of care for the individual child, no identification would be possible. Nor is it something that can in any way be simulated; it must be there genuinely, or the institution will be rejected.

In its general effect it is this that makes the "therapeutic climate" about which we hear so much. It creates an atmosphere that is benign and accepting, in which morale and standards are high, and in which there is an air of freedom. It has the effect of stilling fears and lessening the strength of neurotically formed defenses. The feeling of safety that the child gets in it opens the way to his willingness to risk himself more freely in relationships and activity, that is, opens the way to greater self-expression. Climate is an indispensable factor in creating that quality toward which the child may move. There is, of course, the wider community climate, yet it is nevertheless right to speak of institutional climate as different and particular. For, since the institution is a self-contained and small unit in which such an atmosphere is purposively created, it has a strength that makes itself felt much more powerfully. It is really a professionally developed atmosphere, created out of the disciplined attitudes of people with developed skills in the application of limits, and out of their disciplined ability to allow the child his full freedom within the established limits. Of course, one must start with a good deal that is innate—people who go into institutional work, just as people who undertake any other type of child-training or therapeutic work, must have that much personally to start with—but there is also a good deal of it that must be worked at and learned.

### INFLUENCE OF THE GROUP

Quite a different kind of control is that imposed by the group. In the particular case of Carol the group was strongly opposed to her, while often enough it is the other way around. But whether at one point we find it necessary to protect the individual child from the group and at another point to separate him from too much identification with it is really only a matter of the moment. Often enough,

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the same child needs now one, now the other. What is important is to see the special nature of the force of the group upon the individual child as it makes itself felt in the institutional setting. We know the strong influence of the group upon us in our need to be an accepted part of it. This is compounded in a special way in the institution because there the children tend to adhere more strongly due to the common sympathy that binds them together. In this respect the group in the institutional setting is not like a family unit where the relation of the child directly to his parent is by far the dominant relationship; the "group" force in the home has no such independent power to come between child and parent as is the case of the institutional group and the cottage parent. At the same time, the institutional group is far stronger a power than the school group because of the emotional involvement. Should the group go against the cottage parent, it is all the more difficult to get the individual child to accept the most ordinary controls. Should it be the other way round, then the child's positive movement toward the institution will be more strongly motivated. Thus the management of the group takes its place as one of the primary processes in institutional work.

### **THE PLACE OF CASEWORK**

It will be noticed that throughout this presentation I have not mentioned the place of casework within the subject of controls. Space is of course one reason for this omission. But also I have looked upon the subject mainly in terms of the spontaneous interaction of the child and resident staff as they come together around the controlling forces within the social setting of the institution. This cannot be divorced, however, from what goes on in the interviewing situation of child and caseworker, wherein all these interactions are brought into some meaningful focus, affording him the opportunity, within its privacy, to find his own

self more in this situation. It is not surprising, therefore, that it is through such interviews that we are often best able to see the child in the depths of his inner engagement, as distinguished from the acting out which is going on all the time. But this deals with an entirely different aspect—the "working-through" aspect—of control. In the caseworker resides quite a number of controls, varying in the different institutions according to the conception of what her role is, but one is common and fundamental—the determination, centrally, as to when the child will be ready to return home. Came the moment when Carol was eligible to go in for her first weekend visit, which the children are permitted once a month, and then the stirring of a fear which threatened to tear her apart. Could she do well enough to be allowed to go in again? Would the test fail so that her eventual permanent return would be jeopardized? She expressed this in almost these words, in fear, yet with plans to make it work.

This also cannot have escaped notice—that whenever Carol was brought up against limitations she was at the same time presented with choice. Containment is only the beginning of growth; the process of finding a way out is the creative, ongoing aspect of it. Now the case is about to enter upon a new stage, for the dilemma which the home visit raises for Carol is a more fundamental kind of limitation, presenting her with choice that begins to touch the crucial question of her part in the relationship with her mother. Hardly anything has been said about this ongoing aspect of the process, which a more complete consideration of the subject should certainly include. For one thing, this would bring us much more into the role of casework and the clinical services in the institution. It would also bring into focus the entire question of the relative values of treatment under conditions of separation, when it is the separation itself that often results in the covering-up of the very conflict which necessitated the treatment. But this is an entirely new chapter.

**BY DOROTHEA McCLURE AND  
HARVEY SCHRIER, Ph.D.**

## *Preventive Counseling with Parents of Young Children*

THIS PAPER DESCRIBES a project in preventive mental health at the Family Counseling Service of the Child Study Association of America. The aim of the service is to help parents of young children to improve the parent-child relationship which may have become temporarily imbalanced. Help is also offered to parents who are expecting a child and wish some clarification about their parental role. It is hoped that a service is demonstrated that may be incorporated into existing programs of various agencies and centers.

Brief counseling is offered on an individual basis to the parent when it is believed that the child's difficulties will respond positively to an alteration in the parent's attitude or mode of handling. Therefore, the service is conceived as one that prevents future pathology in the child by influencing the interrelationship between parent and child through immediate direct help to the parent. In line with the orientation of the demonstration project, the child is not seen either for diagnosis or treatment.

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### **THEORETICAL BASIS**

There are several key interrelated concepts derived from recent thinking in orthopsychiatry which make possible a project such as this. The unifying focus about which these concepts cluster is the theory of ego-development and ego-functions.

#### **1. Concept of normal development**

To influence positively the mental health of children one must have some knowledge of normal development and the particular conditions under which such development can best take place. A knowledge of the norms of development is essential. In the concept of norms we must include biosocial maturation and particularly the progressive stages of ego-development that serve not only as a basis for understanding the present behavior of a child but for predictive purposes as well. Prevention of pathology depends largely on the ability to predict the outgrowth of future behavior patterns from present conditions. However, we have come more and more to realize that prediction based on the child's development by itself is not sufficient. The parent-child relationship, considered as a unit of interaction, must be taken into account as well. This leads to our second concept.

#### **2. The concept of parent-child relationships**

In recent years, it has been increasingly recognized that it is no longer adequate to

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study the child and parent as separate individuals. The relationship between child and parent, considered as a series of transactions and interactions, is in itself a field of behavior. Analytic research is at the stage in which direct observation of parent-child relationships, rather than reconstruction from adult experiences, is providing the structure for the theory of ego-development. As Hartmann says:

The most auspicious development is the recent introduction into analytic child psychology of direct observation of the growing infant and child. This trend has already given our knowledge of early ego-development an incomparably greater concreteness, especially in its reality aspects—not only the “negative” aspect of the ego, its role as adversary of the drives, but also many other specific ego-functions and their interrelatedness become of necessity a legitimate concern of the analyst.<sup>1</sup>

The theory of ego-development is thus growing out of the realities of interpersonal relationships.

Particularly today there is an intense interest in the preoedipal parent-child relationship. This interest stems not only from the quest for genetic understanding and the clarification of psychoanalytic theory, but from a desire to trace specifically the development of ego-functions in order to prevent deviations in ego development. For example, in our Counseling Service we have a special interest in the role of “normal” developmental crises in early childhood and the kinds of parent-child interactions around these crises which may or may not lead to constructive contributions to the development of the child's ego. Proceeding on the assumption that, in our culture at least, some degree of parental concern over such emerging controls as toilet-training is inevitable, we are investi-

gating how outside intervention during the critical phase may help to prevent the formation of a neurotic nucleus in the child. We are also learning to differentiate between crises which are transient and truly developmental and those which are symptomatic of chronic, long-term parent-child difficulties sometimes leading to characterological problems. The kind of intervention that is possible in these situations as well as others under our purview leads next to the concept of selective help through brief counseling.

### 3. The concept of selective help through brief counseling

A mark of the growing comprehensiveness of therapeutic dynamics is the increasing ability to apply in a more specific and discriminating way the available techniques. This has led to various attempts to modify treatment methods in the light of the needs and capabilities of the client as well as the realities of the treatment setting. The success in making these alterations in method is a tribute to the fundamental soundness of existing theory and practice. Help today is offered in a variety of ways ranging from ego-educative and supportive to analytic-uncovering. These classifications of forms of help are somewhat useful (although they often are employed in a value way), but they would be much more useful if they included descriptions of process and technique. Thus, the multiplication of forms of treatment makes a differential analysis of process imperative. For example, certain technical problems arise in all forms of help (even if we may not always articulate these problems in the same way). Resistance, for instance, has to be handled in some way both in guidance and analytic therapy. It would be most useful to be able to correlate, for example, the technical handling of resistance with the personality structure of the client and with the goal of treatment. When we begin to think in terms of differential processes involved in the various forms of help, we advance

<sup>1</sup> H. Hartmann, “Mutual Influences in Development of Ego and Id,” in *The Psychoanalytic Study of the Child*, Vol. 7 (New York: International Universities Press, 1952).

toward a general concept of "selective help."

This means that after the diagnosis of specific areas of difficulty or impaired ego-functions appropriate means of help for the alleviation of the specific problem are selected and applied. As discussed later, the kinds of parent-child difficulties we accept for service are those which respond to help which is sharply focused. In that case, brief counseling (defined as help limited in goal, time, scope, and depth) becomes the appropriate means of help for the alleviation of the specific difficulty. In practice, then, "selective help through brief counseling" consists of: (1) the diagnosis of those difficulties or impaired ego-functions most available for modification by brief counseling; (2) the correlation of these difficulties or selected ego-functions with the counseling techniques most appropriate for their modification.

The counseling techniques employed may include a modification of techniques employed in the therapeutic fields, such as:

1. Advice and guidance (e.g., in terms of environmental manipulation within the context of our knowledge of the particular parent-child relationship)
2. Clarification (e.g., of the child's emotional needs, as we understand them, and of the parents' response to these needs, and the interrelationship of the two)
3. Listening (e.g., enabling catharsis to occur and the pressure of feelings to be relieved)
4. Interpretation (e.g., of acting out by the parent on the child; of connections between feelings at the threshold of parent's awareness; of distortions in the relationship of parent to child).

A caution employed in the use of any technique is that we do not aim to reactivate early conflicts or unconscious problems. We try as much as possible to deal with those aspects of problems which have found representation in the conscious or preconscious ego.

## THE SETTING

The Child Study Association of America is the oldest national organization devoted to parent education. Broadly conceived, it utilizes a variety of media such as publications, group meetings (including lectures and discussions), conferences, and consultations. In the New York headquarters certain demonstration services are offered to explore their potential contribution to the field of parent education. Thus, for example, one project is concerned with the training of leaders for parent groups; another involves work with various types of parent groups themselves.

The Family Counseling Service was established in 1928 under psychiatric guidance as an opportunity to provide service to parents through an individual relationship. The orientation of the service has undergone changes reflecting some of the different trends operative in the field of counseling as a whole with the result that it has become increasingly more specialized in function and scope. In 1951-52, an intra-agency study was undertaken to determine how this service could best make its contribution to the total educational program of the agency and to the mental health needs of parents and children in the community. It was thought that the Family Counseling Service could be most effective by offering counseling to parents who are functioning fairly adequately and whose children presented the kinds of problems inherent in the normal processes of growth and maturation. From experience with a variety of such parents, the need for brief help in several areas was recognized: (1) helping parents acquire more understanding of the level of emotional maturation of the child and of the child's changing needs as he moves from one stage of ego-development to another; (2) helping parents clarify their goals and the way these goals (as well as idealized images of their children) mesh with reality and lead to integration of family life.

## *Preventive Counseling with Parents*

### **THE PROJECT**

After consultation with the association's Advisory Board, a pilot project was initiated to explore the feasibility of a brief counseling service geared to the problems of the average parent. The major assumption we were interested in further investigating was that in the case of fairly adequate parents of essentially healthy young children the difficulties in the child at any particular point generally reflect a difficulty in the parent-child relationship; further, that modifications induced in the parents' handling of the child can lead to alleviation of the child's distress. In summary, we are investigating whether, after selecting an appropriate parent (by the use of criteria) and counseling with him in a brief, selective, and focused manner, certain changes take place in the parent's attitude, perception, or mode of handling the child; and further, whether these changes are sufficient to bring about a more constructive reaction in the child.

The major problem concerns the selection of the parent and the appropriate counseling process. In developing criteria for selection of clients for this service, one runs into the many problems common to all selection procedures. One key problem is whether the criteria one develops are workable and actually are employed in the selection. Much of our effort has been directed not only toward defining the criteria theoretically but toward continually evaluating their application.<sup>2</sup>

### **SELECTION OF PARENTS**

The criteria represent guiding principles (broad as well as specific) derived from experience as relevant for the selection of the kind of parent, parent-child relationship, and child appropriate for the brief counseling offered. Some of the criteria permit a greater latitude of judgment than others.

<sup>2</sup> We were guided in this formulation by an unpublished report by Mrs. Beatrice Greenfield, formerly on the staff of the Counseling Service.

However, we have felt that it would be premature to construct too rigid or systematic a set of definitions at this point since we are still in the exploratory phase. On the other hand, a certain control in the use of these definitions is necessary. We have tried to reduce error by establishing a common frame of reference between the workers through discussion and continuous re-evaluation. The psychiatric consultant has assisted both in formulating the criteria and in evaluating their application by the workers. He contributed, also, to the definition of goals and the counseling process. This interchange has tended to prevent the workers from departing from the commonly agreed meaning of a criterion or from subtly changing the meaning of a criterion.

The criteria are divided into three groups: Those relating to (1) the parent, (2) the parent-child relationship, and (3) the child. Since we do not see the child, as previously indicated, our degree of confidence in Group 3 criteria is less than in Group 1 criteria inasmuch as judgments about Group 3 are more inferential. We do as much prescreening as possible in order to select a situation appropriate for our service, and this includes screening over the telephone. When screening is done over the telephone, quick appraisals have to be made as to the tentative acceptability of the parent for the service. We must operate on the assumption, which is basic to any brief selection procedures, that rapid diagnosis for specific purposes can be made. Since one cannot divorce the effectiveness of the criteria from the skill of those who utilize the criteria, we operate on the further assumption that the workers have adequate diagnostic skill and are temperamentally suited to assume such responsibility.

If a client is accepted for an interview, this simply means a tentative acceptance. The first part of the initial interview is primarily a continuation of the screening process so that it can be decided whether to continue with the client. Generally, the

decision to offer the client another visit means that the criteria seem, on the whole, to be fulfilled. If the client is thought to be inappropriate as the initial interview progresses, the goal of the interview is to explore suitable sources of referral for the client.

We were not surprised to learn from a study of a twelve-month period of operation (1953-54) that we were able to record "service completed" on the summary card in only 27 percent of the cases accepted for counseling. In 49 percent of the cases the notation on the record was "referred out." The greater part of the referrals took place during the first interview when it became clear that the client was inappropriate according to the criteria. A few clients were referred out after the second or possibly third interview, because it was still unclear at the end of the initial interview whether the criteria were being met. In other words, the percentage of clients for whom we judged service to be completed can serve as a crude index of the validity of their tentative acceptance after preliminary telephone screening. As we became more practiced in the use of the criteria, fewer cases were referred out, i.e., the staff's ability to utilize the criteria for selection had improved. During the twelve-month period of operation referred to, 57 percent of the intake was referred out during the first six-month period when the criteria were first put into operation, as compared with 43 percent during the following six-month period.

## THE CRITERIA

### *For selecting parent*

1. Relatively intact ego-functions (e.g., perception, reality-testing, judgment)
2. Ability to learn relatively intact
3. Ability to focus on specific problem

### *For selecting parent-child relationship*

1. Temporary imbalance
2. Potentially gratifying relationship

### *For selecting child*

Problems are:

1. Of recent onset
2. Not chronic
3. Not multiple
4. Not yet internalized
5. Not yet behavior disorder
6. Age-adequate

## COMMENT ON CRITERIA

### *For selecting parent*

1. The parent's ego-functioning should be relatively intact. The parent is able to perceive the parent-child relationship with some realistic appreciation of parental interaction with the child. There is an ability to integrate new insights, and the potentiality to act differently in the relevant problem area on the basis of this integration.

2. The learning processes are not so impaired that new learning is precluded within a relationship limited in time and scope. Brief counseling is ego-educative and presumes that conceptual and relational learning capacity is potentially adequate in the relevant area.

3. Because brief counseling is selective, focused, and problem-centered, the parent should be able to focus on a specific problem in relation to the child without needing or seeking a total solution.

### *For selecting parent-child relationship*

1. The emphasis here is on the temporary nature of the imbalance in a relationship that is basically sound. One could say that the balance in the interchange of satisfactions has become temporarily upset by a crisis or a series of misunderstandings, and that this balance can be restored with brief counseling.

2. There should be positive signs that the parent-child relationship has some satisfactions for the parent now and further satisfactions are possible when the imbalance is corrected. For example, a positive sign is

the parent's report of pleasant experiences shared with the child despite present difficulties.

*For selecting child*

The criteria here have to do with the nature of the child's problems, but more particularly with the way in which they are handled by the parent. We are interested in those situations in which the disturbance in the child is symptomatic of a temporary imbalance in the parent-child relationship.

The child's problem must be of recent onset and not have reached the stage of chronicity which has brought about internalization and has interfered with ego-maturation. This implies the absence of multiple problems or behavior disorders. Even where a single problem is the focus, it is necessary for it to be an age-adequate one, i.e., a problem to be expected at the particular age. In practice, these criteria for selecting the child tend to restrict the range of operation to preschool children (six and under). In the case of older children, direct help for the child is generally indicated, as the criteria are not met.

Statistically we have found (over the twelve-month period) that the following are the kinds of problem areas, in order of frequency, that parents whom we have accepted for help have brought. This list of problem areas could appear to overlap with those presented at a child guidance clinic by parents of young children. However, these problem areas most likely represent more chronic and severe difficulties than those which meet our criteria.

1. School adjustment (primarily nursery school; includes difficulty in peer adjustment at school, inability to separate from mother)

2. Social adjustment (primarily getting along with peers; includes difficulty in entering play activity, relation to extrafamilial adults)

3. Negativism (primarily rebellion against parental demands; includes temper tantrums)

4. Sleeping (primarily sleep disturbances of recent onset; includes sleep management)

5. Toilet training (primarily child's unwillingness to be trained; includes negative response to parental pressure)

6. Aggression (primarily directed toward peers, but also toward parents)

7. Sibling rivalry (primarily stimulated by newborn sibling)

8. Feeding (includes sudden onset of problem following a traumatic experience such as hospitalization)

9. Fears (primarily those which arise in response to experiences; includes fears of animals, certain adults, TV programs, parades, loud noises, etc.)

10. Anxiety (primarily stemming from temporary feelings of helplessness or insecurity; includes response to too great demands, too severe punishment, traumatic experience such as surgery)

Others of lower frequency include speech difficulties, shyness, withdrawal, retardation, reaction to death, and thumbsucking. Often when parents are concerned about shyness and withdrawal in the child, experience indicates that these situations are not appropriate for our service.

**THE COUNSELING PROCESS**

Our statistics over the twelve-month period illustrate the briefness of the contacts with individual clients. Of 211 people interviewed (out of 229 for whom appointments were made), 78 percent had one interview. In this group, at least half were referred out as inappropriate after this first interview. Thirteen percent had service of two interviews and 9 percent had from three to twelve interviews. We did not define "brief counseling" in advance primarily in terms of one interview and had indeed felt that an average of two to three interviews would be desirable inasmuch as there would be some opportunity provided for evaluation. Of those clients who were appropriate, however, the greatest number seemed satisfied with one interview. At about the

middle of the twelve-month period under study, the counselors and the psychiatric consultant agreed that an effort should be made to have clients return for a second interview in order to consolidate results and provide for some evaluation. This effort was reflected in the slightly greater tendency for clients to have two interviews during the second six-month period (14 percent as compared with 9 percent in the first six-month period).

We have undertaken the delineation of the counseling process on three interrelated levels. These levels are tentative ways of describing the different emphases employed in counseling. Each level is conceived of as broader in scope and greater in depth than the preceding one. An interview may be categorized as proceeding on a particular level, or the levels may shift within an interview. The selection of any level as a mode of approach in counseling with a client depends primarily on two factors: (1) the perception of the problem by the client (i.e., the existing frame of reference the client has for the problem), and (2) the nature of the existing state of organization of attitudes and insights relevant to the problem which determines the client's greater availability for working on one level rather than the other.

Dealing with a problem on one level does not imply that components of another level are unrecognized, but rather that the counselor has judged one approach to be more effective than the other. Levels I and II are closer to each other in depth and scope than either is to III. In employing Level III, the counselor must be alert for the client's readiness to relate the present with the past.

### PROCESS LEVELS

I. The focus is on offering reassurance and understanding about the problem. This includes providing reassurance through the use of our knowledge of growth norms and developmental phases. Understanding is

provided primarily through listening and accepting and includes the benefits of catharsis.

II. The focus is on clarifying the parent-child interaction around the problem area (i.e., considering the interaction itself as a unit of behavior).

III. The focus is on clarifying the distortions of parental attitude that have contributed to the creation of a problem and prevent its solution. Generally, these distortions in parental attitude or mode of relating to the child stem from relationships in the past, particularly in the parent's earlier family life. It is assumed that the degree of distortion is limited since a fairly healthy ego-structure is the criterion for acceptability in the parent.

Some examples of the levels follow.

### LEVEL I

Mrs. T. called asking for help in knowing what limits are right to set for her four-and-a-half-year-old son, Larry, who she felt was acting aggressively.

When she came for her first interview, she was late and there was not time for a full discussion. She appeared intelligent but somewhat uncertain about her role as a mother. The counselor was puzzled as to how she could be so lacking in knowledge of what limits to set for a child of four-and-a-half years, especially since she indicated greater certainty in her earlier handling of him. She gave some illustrations of times when she didn't know whether to make Larry conform to rules or to let him have his way. For example, if he is out with his father he demands a lot of things and gets everything he wants. He never eats with his parents at the table but insists on eating in front of the television set. Also, he fights a good deal with children in the neighborhood.

We talked in a simple and common-sense way about how a child of this age must have certain limitations and controls. We discussed how eating is a social occasion and how important it is for a child to participate in the interchange

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around the table. She said she felt this way herself, and it was suggested to her that she might be able to do something about it. She then ventured to express an opinion about the father's buying lots of toys for Larry wholesale and bringing them home to him. She thought it would be better for the father to take him to the store so that Larry could participate in the buying and could learn realistically that there are some things you can buy and some you can't. The counselor had the impression that the father put much of the responsibility for Larry on the mother. The counselor suggested that in the two weeks before our next appointment she try to place some limitations and controls on the child so that she can observe how he reacts. If she made reasonable demands and he could not meet them, it would give us a clue that there are some other things troubling him.

When Mrs. T. returned for her second interview, she reported considerable improvement. Larry had been responsive to the limits she had set. Her husband had shared her pleasure in the way things had changed and had been showing more interest in Larry and spending more time with him. We again discussed how limits can be set so that they will support the child in his efforts toward growing up. She said that Larry is acting less aggressively toward others, but is expressing his anger more openly at home, and this she felt was a healthy thing. Rather to her surprise, she has begun to feel confident in handling him. It had also been arranged for Larry to participate in an after-school program. The teacher reported that he made a very good contribution and got along well with the children.

Mrs. T. felt that she did not need to return for further discussion at present.

*Comment.* It seemed clear that the problems in the child stemmed from the mother's uncertainty. However, she had a realization of her part in the situation, felt that she needed guidance, and evidenced an ability to learn. We were able to focus

on the specific problem of limits, and by reassurance and knowledge the mother was able to exercise her judgment with more confidence.

### LEVEL II

Mr. M. telephoned for advice about Billy, not quite three. Billy had been getting up many times during the night for the past two weeks, a few days after his crib had been exchanged for a big bed. Mr. M. indicated some difference of opinion between himself and his wife about handling the situation. He felt his wife was too soft; she feels it would be cruel to let the child cry. The counselor said that a discussion of the feelings of parents and child might shed some light on what was happening. The father readily agreed to this, and immediately added that he thought both Billy and his parents were confused. He said that he would have Mrs. M. call for an appointment, but he did not think he could get in himself.

Mrs. M. arrived that same day slightly early for her interview. She mentioned that she managed her children herself unlike other women in their suburban social group who spent much time in outside activities.

She quickly expressed resentment over her husband's opinion that she should be more strict. The father's opinion is that once Billy is settled for the night he should be allowed to cry it out if he becomes disturbed.

The counselor asked her to tell about the immediate problem. She said that when a friend offered them a bed for Billy, Billy seemed enthusiastic when she discussed it with him. For the first few nights in the new bed he slept well, but then began getting up several times a night, coming to his parents' room and insisting he get into bed with them or that his mother accompany him to his room and get into bed with him or sit beside him. She complied for a few nights, then began to weary and became angry with him. This would make her feel guilty, and in reaction to this feeling she would try to be more comforting to

the child. When the father's method of allowing the child to scream it out was tried and the child screamed as long as forty minutes, Mrs. M. became very upset and went in to comfort Billy. Just that morning they had put Billy's crib up again and told him he would *have* to sleep in it. They no sooner put the crib up than Billy asked for the bed again.

The counselor suggested that we try to understand the child's feelings, and introduced the topic of Billy's reaction to the birth of his sister, now just a year old. Notwithstanding the various underlying meanings the big bed might have for the child, the counselor thought it best to explore whatever factors might be readily available for understanding and constructive utilization by the parent.

From experience we have found that a child's mixed feelings about growing up can be readily understood by parents, and a discussion of the sibling relationship offered a clear understanding of these feelings. The counselor was testing out the hypothesis that problems about growing up were at issue here, among other things. It was learned that Billy was not pleased at sharing the parents with his sister. We discussed Billy's mixed feelings about growing up and what it might mean to him to give up his crib just at the point when his little sister is beginning to assert herself. The counselor wondered if the parents couldn't let him know that they understood he is not ready to give up his crib and that when he is ready he can tell them. The father may be right in believing that Billy needs help in learning to stay in bed, and after making Billy comfortable for the night, the mother might tell him that she is not returning to him because she knows he is all right. Mrs. M. expressed the fear that Billy would scream every night for weeks, but accepted the counselor's feeling that if she felt inside that she was doing this to help the child, and was kind but firm, Billy might cry for a few nights but then would settle down to sleeping.

A week later Mrs. M. called and said that Billy cried out several times during the first night, but, to her amazement,

he had slept every night since with almost no disturbance. She said her contact here had helped her to become more alert to Billy's feelings and perception of things. She was sure other questions would arise in the future and, if so, said she would like to be able to return then.

After a six-month period, the mother reported that the sleep problem was very much improved, but asked to return to discuss a difficulty with the younger child.

*Comment.* The process of testing the degree to which these parents met our criteria began during the telephone conversation with the father. He indicated a realistic appreciation that the difficulty lay in the parent-child relationship. His perception of Billy was that of a normal boy who seemed to be reacting to the specific situation of his sleeping arrangements. He showed a readiness and ability to learn by accepting the idea that some exploration of the problem would be necessary. Among other things, the father's initiating the first contact and the mother's desire to care for the children herself suggested that these parents found satisfaction in their relationship with the child.

The subsequent interview with the mother confirmed the impression that these parents functioned adequately in most areas. The mother showed a good capacity for learning in the discussion of the difference between arbitrary strictness and planned limits. The counselor agreed with the mother's view of the immediate difficulty as a temporary disturbance in a good parent-child relationship in which Billy had responded by mastering most of the demands of growing up without undue difficulty. Her inclusion of Billy in plans for getting the new bed was an example of a good relationship between them. Further, she was able to focus on a specific problem. However, it should be noted that the counselor had some doubt about the mother's capacity to integrate new concepts because of her apparent lack of insight into the child's feelings prior to the interview.

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The criteria for the child were fulfilled pretty clearly.

Even though help was offered on the second of the three levels, there were also elements of the first level of help in that the parents did receive some reassurance and knowledge. The primary focus, nevertheless, was on the interaction of parents and child in a specific area of difficulty. In dealing with the difficulty, an attempt was made to draw on those aspects most available for understanding by the mother at that time. It was the counselor's judgment that the problem could be worked through sufficiently well in this way without dealing, for example, with some of the more pointed oedipal material suggested by the child's concern over the parents' bed. This might be an example of our working with conscious derivation of a problem, in this case the conflict in the child over growing up, rather than with the dynamic core of the problem.

### LEVEL III

Mrs. L. called because she wanted to discuss what "social graces" could be expected from a three-and-a-half-year-old boy. During the discussion on the telephone, the mother said that the boy used to have temper tantrums but that these have tended to disappear since she began to give him more companionship and interest.

When Mrs. L. came in for her appointment, she appeared older than one would have expected the mother of so young a child to be. Her prim and proper manner accentuated this impression. She seemed to know just what she wished to say and began to discuss her own background rather than the specific question raised over the telephone. It was the counselor's impression that Mrs. L. had reached a point where she was beginning to recognize that she was repetitively acting out on her son, Tommy, some of the problems stemming from the earlier relationship with her own mother.

She began by saying she was a school teacher and came from a Victorian back-

ground. She described a truly repressive and punishing handling by her mother. As an example, if she employed even a mild word of which her parents disapproved, her mouth was washed out with brown soap. She was never permitted to be anything but sedate and well behaved, and while she continues to give her mother superficial respect she has no fondness for her. In contradistinction to her own attitude, she laughingly said that probably even if she would like to repeat her mother's pattern her son would not let her. At least whenever she had tried he had shown rebellion. For example, he went through a stage of saying in a loud voice, "I'm angry," and calling the mother names such as "crybaby" and "stinker." Mrs. L.'s mother, true to form, advised washing his mouth out with soap. The boy's father had finally yielded to this urging, but with absolutely no effect. When the counselor inquired as to how the mother felt about the boy's rebellion, she replied that she thought it healthy. It had helped her to see that she must try to understand him better by being with him more and showing interest in what he liked to do.

By this point in the interview the counselor was trying to decide the appropriateness of the client for this service. We had an interesting situation of the transmission of behavior patterns from one generation to the next. However, the "transmission" was not going smoothly because there was something in the mother resisting this and which somehow permitted the child to express resistance.

The mother revealed an ability to learn and to focus on the traits in her which were disturbing the parent-child relationship. We could not hope to reconstruct these traits, but might be able to intervene enough to help the mother control her acting out on the child as well as relieve the child from pressure. From experience we had observed that in a fairly intact person the ego could be strengthened to deal in some effective manner with acting out. Further, the perception and reality-testing functions in this mother were operating sufficiently well to make their strengthening possible.

Upon inquiry, Mrs. L. mentioned that her husband is a much more relaxed person than she. Although Mr. L. can become quite angry on occasion, the boy doesn't seem to mind as he knows quite well where he stands with his father. She said she hoped the boy would be like his father rather than like her.

She then began to discuss her concern over what she called Tommy's lack of the "social graces." She insists upon his always saying "thank you," kissing relatives, etc. When asked why she needed to impose these standards of behavior on him, she looked startled and replied with obvious embarrassment that this was just the kind of thing her mother had done to her. She could not resist being like her mother even though she didn't wish to be. She brought out some other things that indicated that the boy was reacting to some of her critical attitudes toward him.

The counselor certainly felt that one more interview, at the very least, would be desirable. As sometimes happens, Mrs. L. felt she would like to see what she could do on her own first and then contact us. The counselor accepted this and did not interpret this to Mrs. L. as resistance.

Nine months later (at the writing of this paper), Mrs. L. called for an appointment saying that she felt she was "getting off the track" again and tending to repeat old patterns. However, she sounded in better command of the situation than previously.

*Comment.* As is sometimes true in situations handled on Level III, this mother did not meet the criteria as well as the mothers in Levels I and II. In assessing Mrs. L.'s suitability for the service, it was felt that her need to re-enact on her son problems encountered with her own mother was somewhat counterbalanced by her perception of it. Further, she revealed a capacity for learning new ways of handling the boy's rebelliousness, and for understanding the source of her demands on him. Although she encountered difficulty with her son in

various areas, she was able to select a specific area in which she wanted help.

In regard to the criteria for parent-child relationships, the difficulties with the child in this instance cannot be said to represent a temporary imbalance. However, the parent-child relationship seemed to have had some satisfaction for this mother as evidenced by her wish to be his friend.

As for the child, he did not have chronic, multiple problems and was not internalizing his anger. He responded in what seemed to be a healthy way to his mother's unrealistic demands.

### THE COUNSELING PROCESS

In the course of brief counseling with parents, we have begun to arrive at some understanding of the technical procedures involved in the counseling process. We have a similar impression to that of Chaskel when she points out, in a discussion of short-term counseling, how "a limited number of interviews provides, for some people, an incentive for more rapid movement and for the worker the possibility of evaluating progress in a more conscious and focused manner."<sup>3</sup> She also feels, as we do, that in "situations in which the organization of the client's ego is so strong . . . he can use consultative help quickly and is able to move on his own to deal with the common vicissitudes of life."<sup>4</sup>

One concept that we have begun to understand in a different manner in brief counseling is that of "resistance." Frequently, a client is happy and relieved to learn that the counseling service will be brief. Instead of interpreting this to the client as resistance (which we are quite aware it may be), we accept the client's desire for brief service and attempt to utilize it constructively as a manifestation of a positive strength in the ego, an illustration of positive "will." This acceptance seems

<sup>3</sup> R. Chaskel, "Short-Term Counseling: A Major Family Agency Service," *Social Work Journal*, Vol. 34, No. 1 (January 1953).

<sup>4</sup> *Ibid.*

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to have the effect, in many cases, of increasing the client's determination to change and of strengthening assertiveness and self-confidence. Theoretically, we try to transfer the energy of the ego used for defensive purposes (in this case for resistance) to self-determination and independence. Such an approach might extend to other defense mechanisms as well. This would be in line with our general effort to focus on ego-strengths rather than deficiencies, on the healthy aspects of ego-functioning rather than on impairments. Thus, we are in the position of strengthening positive ego-functioning in the hope of building "situations of strength" which can serve as anchorage points for the client.

Time as a multidimensional variable influencing the counselor-client interaction has many ramifications. We have just described above the positive effect of briefness of time on some clients' motivation for working out a problem. On the other side, briefness of time may put the counselor under pressure of achievement with the client which could have negative effects on the counseling process. The focusing inherent in brief counseling may act as a control upon a counselor's tendency to attempt to achieve too much.

The limitation of time in brief counseling may also mean a shift from the usual goal of working through a change of attitude in a parent as a prerequisite for effecting a change in the mode of handling a child. Thus, it may be necessary to intervene directly and immediately in discouraging behavior toward a child which is harmful and in encouraging another type of behavior, as has been pointed out recently.<sup>5</sup> Sometimes a change of behavior may subsequently bring in its wake a change in attitude.

In the counseling process a wide range

of techniques is employed consonant with the aim of helping the client. As pointed out previously, the aim is not to reactivate early conflicts but to deal with conscious or preconscious aspects of problems in such a way as to strengthen the person's capacity for dealing with them. Exploring the transference in any explicit way is generally avoided, but on occasion an analogy between the parent's behavior with the therapist and with the child is discussed.

Another way of helping a client to change behavior is pointed out by Wolfe<sup>6</sup> in an article describing a service and client group similar to our own. In discussing one of her cases she mentions that, even in a one-hour interview with a less articulate client, the counselor's trying out one direction or the other may permit the client to see what the possibilities are. Perhaps this is the same thing we have often observed—that a client may be "stuck" in a way of perceiving and acting, and that explorations of alternatives may be sufficient to "unfreeze" his rigidity and permit more flexible behavior.

### OUTCOME

We do not have as yet a systematic follow-up of cases that might confirm our impressions. At the conclusion of a case (i.e., when service is completed or the client referred out), the counselor records his evaluation. In 51 percent of the cases during the twelve-month period of study, the counselors judged that the "service enabled family or individual to handle the situation better." In 10 percent of the cases, this was judged not to be so. In 39 percent of the cases the counselors were unable to make an evaluation. Indirect indices of client satisfaction are in the number of reopened cases (what Wolfe calls "discontinuous counseling"), and the number of clients referred by former clients over the twelve-month period. Of our client group, 56 clients applied for

<sup>5</sup> V. E. Carter, S. Chess, and K. Lombard, "An Application of a Segregation Principle to the Treatment of Children," presented at the 32nd Annual Meeting, American Orthopsychiatric Association, Chicago, March 1955.

<sup>6</sup> B. R. Wolfe, "Some Aspects of Psychotherapy in a Counseling Service to Parents of Young Children," *Mental Hygiene*, Vol. 37, No. 3 (July 1954).

service again, generally within six to eight months, and 25 clients were referred by former ones who were satisfied with the help offered.

These trends indicating client satisfactions must be further validated. So far we have been occupied with developing a methodology for proceeding. The first steps were defining the client population (i.e., in terms of criteria) and the nature of the brief counseling process. The next step, i.e., the evaluation of the kind and degree of help a client receives, is one that has brought forth many research efforts in counseling centers, family agencies, and therapy clinics. Measurement of the amount of client gain must be both in terms of client satisfaction and the effectiveness of counseling in altering the continuing relationship with the child. Some of the process factors determining a client's gain are even more complicated than measurement of gain. As one of the authors has demonstrated elsewhere,<sup>7</sup> gain in therapy is related to the highly complex patient-therapist interaction. Perhaps in brief, highly focused counseling some of the factors may be more easily isolated.

# SUMMARY

This paper describes a program of brief counseling which is offered on an individual

basis to the parent, when it is felt that the child's difficulties will respond positively to an alteration in the parent's attitude or mode of handling. The service therefore aims at preventing future pathology in the child by influencing the interrelationship between parent and child, through immediate direct help to the parent.

There are several interrelated concepts which make possible a project such as this: the concepts of (1) normal development; (2) parent-child relationships; and (3) "selective help and brief counseling." "Selective help" denotes for us the diagnosis of specific areas of difficulties, while "brief counseling" means the application of a variety of technical means in a focused way (i.e., where the goal, time, scope, and depth are limited) to these difficulties. Criteria have been developed for selecting the appropriate kind of parent and type of parent-child relationship amenable to modification by brief counseling with the parents.

The counseling process is described on three interrelated levels. Whether to focus on a particular level is determined by the client's perception of the problem and greater availability for working on one level rather than another. Cases are presented to illustrate the operation of the criteria and the counseling levels. It is planned to measure the amount of client gain both in terms of client satisfaction and the effectiveness of counseling in altering the parents' continuing relationship with the child.

<sup>7</sup> H. Schrier, "The Significance of Identification in Therapy," *American Journal of Orthopsychiatry*, Vol. 23, No. 3 (July 1953).

# GROUP WORK SECTION

BY RALPH L. KOLODNY AND  
VIRGINIA M. BURNS

## *Specialized Camping for a Group of Disturbed Adolescent Girls*

DOES SUMMER CAMPING demand too much of the physically handicapped or emotionally disturbed child? How can the readiness of such children for a camping experience be gauged? Will the placement of a child with markedly deviant behavior in a group with relatively stable youngsters place too great an emotional burden on the child and/or the group? While these questions cannot be answered easily or comprehensively at the present time, material bearing on these questions is being collected.

The Department of Neighborhood Clubs of the Children's Aid Association of Boston has had an opportunity over the past ten years to study the impact of camping on a number of "deviant" children. The year-round work of the department has been described elsewhere.<sup>1</sup> Its workers specialize in group work service to physically handi-

capped or emotionally disturbed children in metropolitan Boston. Summer camping is an integral part of the department's total program. "Bonnie Bairns," its overnight camp, is located twenty-five miles from Boston. Many of the department's referred children are unable to make use of the regular camping opportunities in the community. Some cannot tolerate having to face an unknown camp with unknown people.

Campers at Bonnie Bairns come with *their own club groups*. Each club is offered an eleven-day camping experience, with four or five clubs present during each session, making for a camp population of 25-30 children per camping period. Professional staff from the department direct the camp and study the behavior of members closely. The observational data gathered at camp serve as a basis for formulating group plans in the autumn. For many children summertime means a break in the continuity of their group life. With department clubs, however, since the members

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<sup>1</sup> Richard Bond, Virginia Burns, Ralph Kolodny, and Marjory Warren, "The Neighborhood Peer Group," *The Group*, Vol. 17, No. 2 (October 1954).

**EDITOR'S NOTE:** This article and the three following it were chosen by the Publications Committees of the indicated Sections of NASW in accordance with a policy recommended by the TIAC Planning Committee and approved by the National Board.

come to camp as a unit, there is greater likelihood that the summer period will see a retaining and strengthening of group unity.

The observations of children by camp staff at Bonnie Bairns should be of substantial interest to workers concerned with the social behavior of handicapped and disturbed children. The camp population includes some children with severe emotional disturbances, some with physical handicaps, and others who are relatively well and quite stable emotionally. Observations of their interaction can increase understanding of the ways in which youngsters who are markedly "different" may be integrated into a camp setting where others are present who are less "deviant" and more mature in their behavior. These observations can also contribute to knowledge of the "limits of behavior deviance" which campers can tolerate. Such material may be helpful to workers in private camps as well as to those in agency or "treatment" camp settings.<sup>2</sup>

With this in mind the department's staff decided this summer to study more closely than in previous years the behavior of a segment of its camp population, and to present their ideas on the possible implications of this behavior for camping practices vis-à-vis disturbed and handicapped children. It was agreed that because of time limitations only one club group could be studied. The group chosen is made up of five girls in their early teens, each one of whom gives evidence of, and some of whom have received treatment for, severe emo-

tional disturbances. They are in a class for retarded children in school, although it is recognized that their learning failures may be emotional in genesis. Four of them have physical handicaps, including paralysis of one arm, *petit mal* epilepsy, hearing loss, and a mild spastic condition. They were to attend camp with twenty other girls. Eleven of these girls had presented problems in terms of delinquent behavior, psychosomatic disturbances, or excessively withdrawn behavior. The other nine are relatively free of disabling emotional or physical conditions.

It was felt that an analysis of the behavior of these five youngsters in this camp setting would be of value to staff and to other practitioners. It was decided that camp staff be asked to gear their observations to the over-all question, "What are the modes of adaptation of these five girls as individuals and as a group to a camping experience of this type?" In this context other questions inevitably arise. What happens to intragroup relationships under the impact of new associations? What is the nature of relationships made outside the group, to other peers and to adults? What are the tensions that develop and how are they expressed? What is the tolerance of these children for this experience? How much tolerance of their behavior is shown by other campers? What methods are used by staff in handling maladaptive behavior?

The total counselor staff of eleven participated in the study. They agreed that the best way to collect information bearing on the modes of adaptation of this group would be to keep a *daily log* on the activities of each member. Accordingly, each counselor was asked to make daily notes consisting of observations of behavior based on his or her contacts, however brief, with the members of this group. These notes were to cover four areas: (1) the reactions of group members to camp routines, waking, clean-up, meals, work assignments, sleeping; (2) their reactions to camp program activities; (3) interpersonal relations

<sup>2</sup> In this connection it is well to note Gumprecht's observation that, "... almost every group of so-called 'normal' campers will include children who are maladjusted ... camps are bound to be populated by children whose level of adjustment is unknown and who may or may not present behavior or other difficulties. The number of children with obvious disturbances is left to chance. Their presence in a camp group, however, must be accepted as unavoidable." Helmut Gumprecht, "Common Emotional Disturbances of Children at Camp," *The Nervous Child*, Vol. 6 (April 1947), pp. 148-149.

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with peers and with staff; (4) treatment techniques used by counselors, and group members' responses to them.

The department staff member assigned as research worker prepared counselors for the study. The group to be studied came to camp during the first eleven-day period, and the research worker came to camp daily, eight of the eleven days. He met with staff members, discussed with them their verbal observations on each of the children being studied, and put them into usable written form. He made note of similarities and differences in observations, interpretations, and the handling of behavior. In collecting these data he used the four categories employed by counselors, described above.

### THE GIRLS DESCRIBED

The group was formed in December 1954 as a club to help Andrea, age thirteen, in her attempts at adjustment to her social situation. Andrea is an only child. She was referred to the department from the Family Service Association where her mother was being seen. Her mother first requested individual service for Andrea, but the psychiatrist whom the agency consulted recommended a group experience.

Andrea, at the age of eight, had been placed by her parents in a specialized private school after she had done extremely poor work in first grade. She remained at this school for three years, and reports describe her as "demanding," "isolated," and "often uncontrollable." She was later enrolled in a special class at a public junior high school where she was unmanageable at first. When placed on a three-hour-a-day schedule she did somewhat better. She continued to display extreme restlessness and hostility, however, and to function as an isolate. Testing revealed an IQ of 82, although the psychologist felt she might have a higher potential. Andrea is quite heavy and poorly coordinated. She has a slight limp and a mild spastic condition, which was recently diagnosed as cerebral palsy.

In conference with the department's psychiatric consultant it was decided to form a group around Andrea on a trial basis. It was agreed that the group would be made up of girls of Andrea's approximate intellectual capacities; girls who would not be threatened by Andrea's aggressiveness yet who would not be so passive that there would be little interaction in the group. Several girls were selected and contacted by the School Guidance Department, which was very much interested in the case. All were in special class and in need of a socializing experience. The following girls became members of the club: Genie, 12; Grace, 13; Dolores, 13; and Janine, 16.

Genie has been in special class since first grade. Seriously retarded, she also has a substantial hearing loss. In the neighborhood Genie has only five- and six-year-olds for friends. She is quiet and withdrawn and has many fears. Her extreme obesity heightens the impression she gives of being phlegmatic and inert.

Grace receives casework help at Family Service. She is in a class for retarded children at school and has *petit mal* seizures. Her relationship with her parents is strained and Grace has many feelings of inadequacy. Although somewhat overweight she is fairly attractive and is now becoming interested in boys. To the club leader, Grace appeared to be more mature in her social relationships than other club members, despite her impulsiveness and irritability.

Dolores is a deeply disturbed girl whose behavior is often erratic and bizarre. Emotional problems seem clearly at the root of her learning difficulties. She was seen once a week at a child guidance clinic for three months, but then dropped out of treatment. Her interests, speech, and gait are infantile. Much of her conversation is irrational and she is preoccupied with death, blood, dirt, and physical pain. She talks freely about her dreams and imaginary play.

Janine was afflicted with polio-encephalitis at the age of nine, and developed a paralysis of the right side. At this time

her speech and toilet habits disappeared. After several years of training away from home, she re-entered school. Here, testing showed an IQ of 75 and she was placed in special class. A year later she showed signs of extreme confusion. Her disturbance became acute and she was committed to a mental hospital where a diagnosis of "schizophrenic reaction-acute undifferentiated type" was made. After several months she was discharged and is now able to attend school classes regularly, meanwhile receiving treatment on an out-patient basis. At her own request Janine is now living with her grandmother because she is unable to tolerate her brothers and sisters.

#### **INITIAL ACCEPTANCE BY OTHER CAMPERS**

Of the twenty campers who came from other groups, a substantial number had been given an opportunity to meet Andrea's group prior to leaving for camp. The department held a camp rally in the spring. Here the staff had a chance to observe the reactions of the girls to each other in order to plan better for groupings at camp. Andrea and Janine attended. No untoward remarks were made concerning them and, at least on the surface, those present seemed to accept them quite easily. In addition, during the spring, seven girls met with Andrea's group for an afternoon at camp. Some of the younger girls giggled among themselves at Dolores' behavior. But none engaged in open ridicule or criticism, and when they learned that they were to be at camp with Andrea's group during the summer, none of the seven expressed any objections.

#### **CAMPING BEGINS**

Andrea's group exhibited little cohesiveness as the camping experience began. The members accepted being together but did not show any particular enthusiasm for it. Each was preoccupied with her own problems of adjustment. Genie and Grace

tended to move away from the other girls rather quickly in their choice of seating and activities. Grace made the greatest effort to relate to campers outside the group. Only through the direct activity and intervention of staff were the others brought into contact with campers from other clubs.

Confusion, hostility, and isolation from other campers characterized Andrea's behavior during the first few days. In the relatively free atmosphere of camp, with opportunities for choices, she became bewildered. She complained of "too many people," and "too many bosses." During the first two days especially, Andrea clung to her old modes of behavior in attempting to establish and maintain relationships. While the pattern she followed was not without variation, it consisted mainly of verbal aggression toward the person whose attention she wished to engage. She sought out staff members rather than campers. On her arrival at camp she told two counselors, "Go away. I hate you." Ordinary comments by other campers provoked her into violent outbursts.

This negative behavior was not unrelieved by some expressions of positive feeling. On the second night of camp Andrea enjoyed dancing with staff members after being asked to join in by her cabin counselor. After her counselor sat with her briefly each night, she was regularly one of the first to fall asleep. The third morning at camp, she demanded and received permission to call home. Although she first told her mother that she wanted to come home, she then said she wanted to stay at camp.

Janine's initial response to the new setting in which she found herself was to regress. During the first day her behavior was not pronouncedly deviant and her outward poise led some campers to ask if she was a counselor. But with the approach of nightfall her disturbance came to the fore. At bedtime, unable to sleep, she spoke to the director of her fears that camp was an institution where everyone was sick, of her

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hatred of her family and her feelings of worthlessness. Despite her upset condition, she was later able to fall asleep. The next day, although she was sometimes depressed and appeared from time to time not to hear the cabin counselor, Janine functioned with more stability. At night, however, she again was most upset and became incoherent. She hallucinated, hearing bombs and sirens. Later, asking her counselor to stay with her, she said she'd like to go to bed and soon fell asleep. During the next several days Janine responded with less fear at bedtime, and on one occasion was able to joke with the others before going to sleep.

Janine was rarely in effective contact with other campers during this early period. She was afraid they would find out she was "sick." She turned for relationships to the director and to her cabin counselor, at the same time attempting to play them off, one against the other.

Of all the members of the group, Dolores appeared the most obviously upset. Her behavior in the club during the year was that of an extremely disturbed youngster. At camp, initially, it deteriorated further. She ate sand and dirt. She made many anxious bodily movements and displayed great fear of blood, height, and death. Going to the bathroom and undressing in front of others were two of the most frightening daily experiences for her. Dolores resisted going to bed and seemed oblivious to routines such as cleanup. Many program activities seemed to frighten her. Occasionally, counselors were able to involve her in activities and at these times she behaved in a less bizarre manner than when she was unoccupied.

Genie did not act out in extreme fashion. During the first several days her activity consisted mainly of sitting and watching. Hearing loss and retardation may have prevented her from understanding fully what went on about her. Genie seemed happiest when, at a cookout, she was given charge of the camp dog and appeared to feel that her status had been heightened by this act. She

responded quickly whenever she was asked to engage in an activity by a male counselor, and developed a "crush" on the assistant director. Consequently, when the assistant director was less able to give time to her she became morose.

Grace was torn between her need to express hostility and her desire to be accepted by other campers. She stated quite openly her concern that she be accepted by the other children, and acted as something of a "flunkie" for some other older, more attractive girls at camp. At the same time she had a tendency to devalue what others said and to start arguments in this manner. Grace sought islands of security during this early period. She first asked to work with the cooking staff. On the second day, however, she felt secure enough to move out of the kitchen for activity. In swimming she was quite aggressive and developed a dependent relationship with one of the most hostile youngsters at camp, this friendship lasting four or five days. Grace was concerned with the behavior of the members of her club, feeling, perhaps, that their actions reflected on her. During the first few days she followed Dolores, reminding her gently to take things out of her mouth. She shared "crushes" on male counselors with Genie, and they enjoyed telling each other "secrets." Grace did not actively seek attention from staff, but was most grateful when it was offered to her. She was able to engage in rough-and-tumble games with other campers. Yet she was somewhat insecure in active program and turned to playing the Autoharp for long periods.

### **BEHAVIOR CHANGES ARE NOTED**

As the camping period progressed, changes in Andrea's behavior were discernible. These appeared to be clearly in the direction of less fear of adults and peers and a greater willingness to form affectional attachments. Visiting day was a turning point for Andrea. She was afraid she would not be able to "make it" without going home. Once she saw that she was strong enough to

remain, she seemed to relax. She became less belligerent in speaking to other campers. Whereas she had formerly not permitted affectionate gestures by counselors, she now began to seek them. In crafts Andrea showed increasing patience and enjoyment of work. She even formed a close relationship with a rather withdrawn girl from another club. All campers exchanged autographs at the end of the session. Andrea prefaced her signature in many cases with such phrases as "your very good friend." On the last day she hugged her cabin counselor and told her, "One half of me wants to go, and the other half of me wants to stay."

The quality of the changes in Janine's behavior is more difficult to assess than Andrea's. Often deeply depressed, she seemed to have to exert great effort to remain in touch with people and activities. A noticeable change took place in her behavior after a visit from her caseworker. She began to swim daily and joined in briefly on water games. She expressed an interest in doing things for the camp carnival. She was able to accept limitations placed upon her demands for the individual attention of counselors. Until the last night of camp there was no recurrence of the extreme behavior she displayed during the first two nights. Even then, after she was given an opportunity to express her fears of returning home, she was able to control herself. A week later Janine wrote to three counselors asking if she could come back as a junior counselor sometime in the future.

There was little noticeable change in Dolores' behavior toward the end of the session. Her infantile way of relating to others and her use of bizarre mannerisms continued. But her fears around undressing and going to the bathroom diminished. She was able to tolerate a fairly close relationship with one male counselor, and while with him exercised restraint in her eating of sand and grass. Dolores became progressively less confused in her ability to distin-

guish among different people at camp. Her group leader this fall reports that she has the most accurate memory of "who was who" at camp of any other club member. She was able to relax slightly in group singing and at swimming and to ask questions about her own fears and fantasies. Whether this represents a gain of any substance remains to be seen.

It is significant that most counselors in their final reports mention having had infrequent contacts with Genie. They observed that, if encouraged by staff, she would participate in program activities, sometimes with a fair degree of enthusiasm. She played well such games as volleyball and baseball. Much of the time, however, she presented the same picture as she had earlier, answering questions in monosyllables, saying she was tired and that she didn't feel like doing anything. Genie, to the end, continued to deny her femininity. She wore a dirty shirt and dungarees exclusively and showered only once while at camp. At the same time, she persisted in her pursuit of the assistant director and another male counselor. Genie did develop friendships of varying types with several other campers. Beginning with the end of the first week, she often withdrew and went off with a disturbed, masculine-acting, fifteen-year-old girl from another club, both attempting to have male counselors come after them. Toward the end of the camping period, she became friendly with two younger campers, age eleven and nine. Genie, before leaving, asked the director if she might come to camp "forever."

Grace continued to seek out older campers, although she often complained about their "boy-crazy" behavior. Until the end she seemed to be drawn, as though by a magnet, to the two most aggressive campers. She invariably found herself in conflict with them. Since these girls were generally disliked, Grace often received the support of other campers in such conflict situations. Toward the end of the camping period Grace sought approval through her per-

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formance in program activities. She endured unusual frustration in water games so that her team could win. She took a good deal of responsibility for planning and carrying out the carnival and final banquet. Grace found a friendly relationship with some of the more passive youngsters of her own age and made plans to keep in touch with them after camp. She was able to express the feeling that she enjoyed camp. This was in contrast to her usual pattern, during the year, of looking forward to activities with great anticipation and then complaining of boredom once she began to engage in them.

In terms of adjustment of the club as a whole to this setting, it should be noted that group members were able to stay at camp and not to pressure for a return home. They were generally more tolerant of each other's deviant behavior than in the club meetings during the year. All spoke with very positive feelings about the club's continuing, and each asked to return to camp next year.

### **RESPONSE FROM THE OTHER CAMPERS**

What of the other campers? They were confronted periodically with bizarre or frightening behavior on the part of Andrea's group. They were faced with limitations on activities and modifications of routines made necessary because of the needs of this group. How did they respond?

Campers rarely, if ever, openly rejected or ridiculed the members of Andrea's group. They usually imitated staff in their manner of approaching and speaking to these girls. Several became friendly with the members of Andrea's group and attempted to encourage them to participate in activities. Most campers were able to tolerate their failure to carry out routine tasks and were protective toward them when they behaved in an upset manner.

The tension generated in other campers by the behavior of Andrea's group was expressed indirectly. During the first two or

three days counselors invested more time and energy in individual contacts with children than in program planning. Some campers expressed dissatisfaction with this state of affairs and complained of boredom. Two aggressive and provocative girls came to be the targets of much hostility, and staff suspects that part of this hostility was originally destined for Andrea's group. Some campers who, in other circumstances, might have sought attention through achievement in activities, or through ordinary mischievous behavior, tended sometimes to seek recognition from staff in a demanding, rather infantile way. In general, however, whatever their inner anxieties most campers appeared to feel comfortable in this setting.

### **USE OF PROGRAM**

During the early days of the session, programs were purposely employed which afforded Andrea's group an opportunity to be by themselves for long periods and to seek individual contacts with and help from staff. Such programs were beneficial to these girls during the first few days when they were confused by the number of people at camp and the many activities. If extended over a longer period, however, these programs could only reinforce their feelings of strangeness and their preoccupation with their own weaknesses. Members of Andrea's group needed an opportunity, whatever small use they might make of it, to relate to campers and staff outside of their immediate group. With this in mind, programs such as cookouts, campfires, carnivals, and informal water activities were devised. Both Andrea's group and other campers found them satisfying. Youngsters like Andrea and Janine had been confused by having too many choices to make. In these activities they had freedom, but within a well-defined structure.

With renewed emphasis on program, staff did not neglect individual needs. Andrea's ability to temper her feelings through humor was made use of. Counselors did

not respond to her with counter-hostility but were able to convey to her their understanding of her difficulties. Staff members lent their support to Janine at crucial points and continued to give her opportunities to air her feelings. From the third day of camp on, one particular male counselor was in frequent contact with Dolores. He recognized with her some of her confusion and was able to help her to express it, however slightly. With Genie, counselors attempted to find areas in which she could develop some sense of achievement. Thus, while attempting to use program itself as a medium of treatment, and focusing on group association as the primary source of growth in the camp setting, counselors did considerable individual work with the members of Andrea's club.

#### OBSERVATIONS AFTER CAMP

No formal follow-up study was made of this group. It has continued as a department club with the same leader, however, and there has been an opportunity to make note of further reactions of members to their camping experience. Camp has frequently been a topic of conversation in the club. All the members have remembered, in some detail, most of the program activities, especially the barn dances, cookouts, and other special events. Members have often asked the leader whether she has seen other campers and have remembered most of the other campers by name. Andrea has visited regularly with the friend she made at camp, who lives in another suburb, and speaks with her on the telephone almost daily. Grace has received letters from another camper but has not replied because she does not know how to write. All the mothers, except Janine's, have openly expressed their feeling that camp was a positive experience for their daughters. Andrea's and Grace's mothers have written the camp director to this effect. Genie's mother has requested individual help for her daughter, saying that she now feels that Genie, with such

help, may be able to participate somewhat more in other groups in the community.

Andrea gives the most evidence of having sustained some of the gains she made in club and at camp. While she still has difficulty in controlling her impulsiveness, she is able to tolerate a more extended school session and has had her schedule increased. Last year, because of her upset behavior, she had to be brought to school by her mother, and entered the building only after the other students had gone to their classes. She now goes to school on the bus with other children and enters with the others at the regular time.

Dolores continues to find school a trying experience. It is interesting to note, however, that, when tested by the school psychologist this November, her Rorschach did not reveal the paranoid and schizoid tendencies of those of previous years. She expressed to the tester an awareness that she is "different" and asked how she could be like other girls. Her teacher informed the leader that Dolores now initiates conversations with other children and even walks home from school with them. The leader is now working with Dolores' mother, in an attempt to help her to accept treatment for Dolores again at the child guidance clinic where she was seen previously.

#### EVALUATION OF THE EXPERIENCE

The department's experience in working with Andrea's group this summer suggests that camping, even of a short-term sort, can become a valuable part of an agency's year-round services to disturbed children. It cannot be employed indiscriminately, nor should its possible benefits be exaggerated. One must be wary, however, of perfunctorily excluding youngsters from overnight camping because they are labeled "disturbed." Many such children may be able to make constructive use of camping, depending not only on the extent and type of their disturbance but on the kind of experience offered them. While in some cases it

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is best to provide a camp experience for disturbed children in a setting where all campers are similarly handicapped, some of these children can tolerate and benefit from relationships with less disturbed and relatively stable campers. In such instances it is especially necessary that the needs and problems of other campers not be neglected by staff. The impact of association upon both the more and the less disturbed groups should not be underestimated. The more normal youngsters cannot be used as "foils" for the disturbed and simply asked to give, in the form of tolerating and accepting extreme behavior. They, too, need opportunities to vent feelings, to regress, to test, and to receive support.

Effective service to disturbed children in any camp is contingent upon the conviction of staff as to the worthwhileness of the effort to help such children through camping. Program must be flexible enough so that they are given an opportunity to withdraw as often as they feel they have to. They need to be allowed to engage in activities that relate them to materials, at first, if they are not yet ready to relate to peers or adults. Staff should be prepared to participate in individual activities with them and should provide them with a chance to turn to small-group rather than large-group

activities whenever they feel threatened by the presence of too many people. There should be a pattern to daily and weekly programs so that these children know generally what to expect from day to day and are not confused by too many choices. Adequate planning must be done before and during the camping season in order to insure the least possible frustration around routines, such as eating, sleeping, and cleanup.

The most important single element affecting the responses of disturbed children to camping is contained in the attitudes of staff toward the children with whom they work. This holds true for both typical and specialized camps. Only a mature staff, which includes a substantial number of counselors with a working knowledge of the dynamics of behavior, can help these children make adequate use of this experience. It is the ability of counselors to respond to deviant behavior with understanding rather than with hostility which provides campers with models for action. The climate of camp depends in large part on the manner in which counselors relate to the children and to each other. It is their support which enables the disturbed child to withstand and, in some cases, to work through the inevitable crises of camp life.

BY HARRY JOSEPH, M.D.

## *A Psychiatrist Considers Casework Functions*

"SOCIAL WORK" AND "social agencies" have existed in some form throughout the centuries. They were found in the Hebraic "Deeds of Charity," in the early Christian churches, in the merchant and craft guild of the Middle Ages, in the institutions for the care of the sick in medieval towns, and in many charitable organizations that were in existence until the present century. At the beginning, social work was associated with charity, duty, religious principles and then, gradually, with social conscience.

It was not until the latter part of the nineteenth century that social work developed into a profession with its own standards and attempts at definition of function. This function, however, continued to be geared toward charity until 1917 when the National Conference of Social Workers organized a Division of Mental Hygiene and shortly thereafter the term "psychiatric social worker" came into general use.

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### DEFINITIONS OF SOCIAL WORK

An introduction to this discussion would be a definition of terms specifically as it relates to work with individuals. What is "social work?" What does the social worker do? Studies as to function have been described by many contributors in the field.

Kenneth Pray states that "Social work is the effort to facilitate methods by which people are assisted and enabled to use social relations. . . . It is the method by which capacities are mobilized in the individual for better adjustment."<sup>1</sup>

Bowers feels that social casework is "an art in which knowledge of the science of human relations and skill in relationship are used to mobilize capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment."<sup>2</sup>

Coleman discussed the psychotherapeutic principles in casework interviewing at the

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<sup>1</sup> Kenneth L. M. Pray, "When is Community Organization Social Work Practice?" in *Community Organization—Its Nature and Setting* (New York: American Association of Social Workers, 1947).

<sup>2</sup> O. M. I. Bowers, "The Nature and Definition of Social Casework," Part 3, *Social Casework*, Vol. 30, No. 10 (December 1949).

## Consideration of Casework Functions

1950 meeting of the American Psychiatric Association. He defines casework as the "method of psychological treatment concerned with the reality aspects of ego functioning. Its purpose is to stimulate the automatic organizational and integrational impulses of the ego in dealing with reality problems. . . . In its therapeutic attitude it attempts to create an optimal transference situation re: a positive relationship and to maintain it through focus on current material and reality-oriented interpretation and by avoiding dependency stimulation. It interprets preconscious material . . . to allow the client to dispense with the presenting screen of distortion and misconception."<sup>3</sup>

The literature on the subject is voluminous. However, review of the field fails to reveal satisfactory definitions that delineate social work as a profession apart from others. Too frequently they apply as well to other professional persons: psychologists, teachers, ministers, and counselors. Although generally sound they result in vague notions as to function.

Difficulty in definition arises primarily from changes in historic points of reference. The modern social agency had its roots in social efforts initiated to cope with environmental and reality needs: poverty, intemperance, housing, delinquency, unemployment, immigration, old age, and disease. These are areas which must always remain of major concern for the social work profession. Within the past decade, most progressive agencies have begun to work with the emotional factors resulting in failures of adaptation.

Before arriving at a definition, it is to be noted that the agencies referred to in this paper are those which deal with clients or patients whose difficulties are primarily associated with emotional problems. For the purposes of our discussion we are not including the equally important agencies

dealing with other specific functions such as care of the aged, adoption, community organization, group work, and hospitals.

### DISCUSSION OF COMMON THEORIES

*Therapy.* There are repeated arguments as to whether a social worker acts in a therapeutic capacity or, more specifically, whether the worker should be called a "therapist." The differences of opinion were manifest in the 1950 Institute for Clinic Personnel of the Child Guidance Clinics and Institutions of the New York State Department of Mental Hygiene. The views of Annette Garrett represent one significant aspect. She stated, "There are many psychiatrists today who are doing an equal disservice to social workers by believing that there is no reason why the social worker cannot do psychotherapy in very much the same way that the psychiatrist does . . . I cannot help but wonder why it is so important for many case workers to feel that they are doing psychotherapy. One conclusion which I have come to is that we are suffering from a sense of inferiority."<sup>4</sup>

Such criticisms fail to take into account the function of psychotherapy: "The diminution of anxiety or its derivatives."

Any client or applicant comes for help as a result of anxiety. Any help that he receives results in the diminution of his anxiety and by definition becomes therapeutic—whether it results from a supportive, authoritarian, or analytic approach. We would, therefore, assume that the social worker by the very nature of his work is involved in a therapeutic function. It becomes important, then, to define, classify, and delineate this therapeutic role.

Gordon Hamilton assumes the therapeutic role of the social worker. "All social casework has within it elements of 'therapy' because of the psychological use of relationship, but in any casework in which

<sup>3</sup> Jules Coleman, "Psychotherapeutic Principles in Casework Interviewing," *American Journal of Psychiatry*, Vol. 108, No. 4 (October 1951), p. 298.

<sup>4</sup> New York State Department of Mental Hygiene, *Institute for Clinic Personnel of the Child Guidance Clinics and Institutions of the New York State Mental Health Commission* (1950), p. 28.

attempts to counsel in problems of human behavior are made, as in family and child guidance, the therapeutic elements are pervasive." She discusses the therapeutic function comprehensively in *Psychotherapy in Child Guidance*.<sup>5</sup>

*Casework versus psychiatric social work.* Another question which never fails to bring forth heated discussion is the difference between casework and psychiatric social work. In response to the interests of the American Association of Psychiatric Social Workers, a committee was organized to arrive at differentiating factors. The report appeared in 1950 after two years of intensive study.

"Casework is the process of assisting an individual in the solution of problems arising from a situation external to himself. Although the resolution of internal conflicts is not the primary focus of this relationship, the solution of the external problems is achieved through the skillful understanding on the worker's part of unconscious motivation and their manifestations in behavior."<sup>6</sup> Psychiatric social workers, however, dealt with those problems "arising in inner conflict, manifested in some disturbances of personality functioning. It may or may not include work with the client's reality situation and environment."

Dissection of the definition reveals a number of unanswered questions:

Is it possible to work predominantly with "external" problems through "skillful understanding on the worker's part of the unconscious motivation and their manifestations in behavior"? How does one divorce the two? How does one define the difference in any individual client?

Does not such a definition result in an artificial caste system which ultimately in-

terferes with over-all efficiency of agency practice?

Is it possible not to "include work with the client's reality situation and environment"? Therapeutic goals are meaningless if they do not include goals of increased comfort and adaptation within the reality situation.

Statistically there are now many less people who come to an agency solely for help for "solution of problems arising from a situation external."

*Depth of treatment.* It is often stated that an agency or social worker does only "superficial treatment and does not go deeply." This statement may appear to be logical, but it fails when actual questions of measurement are sought. Invariably, workers who are concerned about going "too deeply" become artificially inhibited in their work for fear of trespassing unknown boundaries. Depth and superficiality vary in the individual. A passive, dependent attitude may be superficial in one person. It may be deeply repressed in another. The interpretation of such an attitude to the first may result in the relief of anxiety but to the second it may cause panic.

*Manipulation of environment.* This expression pervades social work literature. It is true that not infrequently one must deal with environmental changes in a given situation: however, such changes are becoming relatively infrequent as social agencies develop. They play but an occasional role in our modern therapeutic scheme.

*Unconscious versus conscious.* One frequently hears "We work only with conscious difficulties—we do not work with the unconscious." Any interpretation, any increased understanding of personality structure must bring material into the field of awareness. That which is already in the field of awareness is conscious. Its illumination serves no useful purpose. Any interpretation must be directed toward the unconscious (pre-conscious) of the individual seeking help.

A fairly common example may be illustrative:

<sup>5</sup> Gordon Hamilton, *Psychotherapy in Child Guidance* (New York: Columbia University Press, 1947), p. 316.

<sup>6</sup> Bernice W. Frechtman and Committee, "Report of the Committee on the Role of the Psychiatric Social Worker as Caseworker or Therapist," *Journal of Psychiatric Social Work*, Vol. 20 (1950).

A client states, "I am angry with you." To repeat "You are angry with me" serves little purpose unless it may help him recognize an element of which he is unaware. However, when the interpretation is "You are angry with me because I've been on vacation two months and did not see you," may bring into focus a great deal of material associated with the patient's abandonment. He may discuss his increased work difficulties, his increased anxiety, his quarrels with his wife, his depression, and his fear of being abandoned by his parents during his childhood. It is clear that the interpretation results in associations from the unconscious.

*Severity of difficulty.* It is often stated that social workers treat people who "are not so sick." It is true that an agency may eliminate during intake certain disturbances with doubtful therapeutic prognoses: psychotics, epileptics, defectives, or even character disturbances of a specific nature. But we know the impossibility of defining the "minimally disturbed." Certainly it would be advantageous to pick clients or patients with simple problems that would respond to simple therapeutic procedures. Repeated studies and surveys have shown the pitfalls of such an orientation.

*Intensive versus nonintensive treatment.* It is more appropriate to speak of *adequate versus inadequate*. An individual is helped adequately when his failures of adaptation have been resolved, when he can function without debilitating symptoms. If they have not been resolved, the treatment is inadequate. We recognize that there are many factors that mitigate against such optimum results. Time, agency practice, the nature of the problems may necessarily act as deterrents. However, we speak here of intensive or nonintensive in terms of over-all agency practice. Nonintensive treatment goals often hide inadequate diagnostic and consultative facilities. The worker finds himself incapable of realizing maximum potential.

*Transference.* Again it is frequently stated that the social worker does not analyze transference, since ordinarily we do not see the full-blown transference neurosis which forms an integral part of a psychoanalytic situation. Freud states:

"What are transferences? They are new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the program of the analysis; but they have this peculiarity, which is characteristic of their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past but as applying to the person of the physician at the present moment."<sup>7</sup>

Review of the work of social workers in several agencies reveals that workers are constantly involved in transference interpretations. It is difficult to see how these can be avoided since the relationship of worker and client must bring into focus emotions and behavior more appropriate to conflicts of the past. In the case previously cited where the client is angered because the worker had been on vacation, there might have been a number of interpretations depending on the problems of the moment.

Thus: "You are angry because you felt that I abandoned you as your parents had when you were a child," or "You've been afraid to be alone," or "You feel that I mistreated you as your parents did"—all involve transference interpretations.

*Counseling.* Counseling is difficult to define since it connotes varied relations between the counselor and the counseled. Dynamically it implies an authoritarian approach in which suggestion and advice become the tool of communication. Although useful in many areas, counseling has a minor place in modern agency practice.

<sup>7</sup> Sigmund Freud, "Fragment of an Analysis of a Case of Hysteria," in *Collected Papers*, Vol. 3 (London: Hogarth Press, 1946).

## DEFINITION OF PSYCHOTHERAPEUTIC FUNCTION

Psychotherapeutic functions in general may be divided into two categories. Procedures may be used involving no attempt to help the patient or client understand the reasons for his behavior. Dynamics are employed by the therapist in the process but only in order to maintain a specific course of action. Other procedures involve the interpretation of modes of behavior. In the former there are no attempts at the analysis of behavior; in the latter, through analytic interpretations, it is hoped that increasing insight may not only diminish symptoms, but result in permanent changes in modes of adaptation.

*Nonanalytic—supportive, authoritarian.* It is to be noted that these methods are part of the armamentarium considered in situations where analytic procedures are contraindicated or are not possible. We would include conditions where the emphasis is not on the psychopathological problems and also specific disorders (psychoses) where analysis of ego defenses may be traumatic rather than therapeutic. Such nonanalytic procedures are also used by psychiatrists, psychologists, ministers, teachers, and allied professions in their work with anxiety-ridden people.

In the nursery school at the Henry Street Settlement in New York City, each mother is interviewed routinely by a social worker. The teacher had noted that one four-year-old girl seemed to express concern about having bowel movements. Her mother at routine interview expressed anxiety over the fact that since the child started school, it was difficult to maintain the previous regularity. The mother was told that the concern was unwarranted and that there should not be any discussion of "bowel movements" at home.

It is to be noted that this approach, although unorthodox, bore with it the authority of the position of the settlement in the life of many of its members. At the

next interview months later, the mother expressed gratitude over the advice. She felt that she no longer had to "worry" over something really unimportant. The child's concern diminished during the course of the year. We may question the effect on the compulsive character of the mother. But we cannot question the strengthening of the ego functions in the child during the course of the year and the diminution of the mother's anxiety in this one area without any other increase in manifest symptoms.

*Analytic.* We have examined several different concepts and definitions of social work theory. I should now like to present what I believe to be a good working definition of the role of the social worker.

We may define social work as that branch of therapeutics primarily concerned with ego functions and the mechanisms of defense against anxiety.

In this definition we have a specific delineation of function. In practice it has been my experience that this approach helps focus the area of the work. Attention is directed toward ego functions and consists of bringing into consciousness preconscious material by interpreting the common denominator of the associations.

Several examples may clarify this point:

A thirty-five-year-old single woman describes the fact that her mother could no longer tolerate her father's cruelty and was therefore leaving him. Her own recent unhappy experiences with men are then related—in each case she feels the man is disinterested or unkind or insensitive or selfish or cruel. She then describes her last vacation which she spent with a girl friend in an atmosphere of freedom and gaiety.

*Interpretation:* You're afraid of being mistreated by men as your mother was—or you find it easier being with women than with men. (The interpretation chosen depends on the theme running through the previous hours.)

A thirty-year-old single male describes his unhappiness on his job and his inability to leave. He then discusses the fact that

his parents have always made decisions for him. He is concerned about a forthcoming vacation trip and is not certain about the roads. He feels incapable of trying anything new.

Interpretation: There were several possible interpretations. The one chosen was "Why are you afraid of the unknown?"

In the handling of the material presented at any interview the defenses and their manifestations are to be constantly examined. Is the client or patient "isolating" appropriate emotional responses from his behavior? Is he "introjecting" his anger, his aggression, and being, therefore, constantly unhappy and depressed? Does he "deny" in an infantile manner the existence of any problem? Does he "rationalize" for his behavioral difficulties? Is he "displacing" emotions onto individuals erroneously? How is his constant need for cleanliness related to desires to be dirty, and in what way is his anxiety related to the unstable equilibrium which he is seeking? The association of these defenses with specific psychopathologic situations becomes most helpful in evaluation of the problems. The isolation of affect in the compulsive patient is a classic example.

We may now describe the procedure specifically. The social worker listens to the associations of the patient or client. He finds the common thread that links the various elements and offers this common thread or denominator to the patient as an interpretation. In this way material responsible for the patient's symptomatology is brought into consciousness.

# DISCUSSION

There has been in recent years a great deal of confusion and difference of opinion re-

garding the role of the social worker as differentiated from that of the psychoanalyst, the psychiatrist, and the psychologist. It is hoped that clarification of function will serve not only to increase professional efficiency, but also to resolve some of the differences.

It is to be noted that in the interpretations presented here no attempt has been made to deal with any "id" material. The training of the social worker and the agency function do not allow orientation in terms of "id" functions. It is also assumed that the social worker here discussed is part of a therapeutic team, including a psychiatrist or psychoanalyst for diagnosis and supervision of work. Our experience has shown that a positive orientation in terms of ego functions serves excellently in teaching programs and eliminates a great deal of confusion on the part of the students.

Two valid questions arise: How effective are these interpretations? How permanent are the results? We may answer the first from clinical experience. Appropriate handling of problems on the ego level does alleviate the suffering of many of the clients and patients visiting our agencies. The second question is more difficult to answer since there is little validated data over long periods of time. Such data should serve to help in the orientation of future psychotherapeutic procedures.

The function of the social worker in a psychotherapeutic role has been discussed. Focusing on ego defenses and failures serves to present a point of view that may help clarify agency functions and dynamics of treatment. Further research and study are necessary before the efficacy of such orientation may be assumed.

# SCHOOL SOCIAL WORK SECTION

BY JOHN R. ALTMAYER, M.D.

## *Public School Services for the Child with Emotional Problems*

THE PROBLEM OF how much service the school should offer emotionally disturbed children is one that is vital to all professional people who are concerned with the adjustment of people to themselves, each other, and their environments.

When the schools came into existence as public institutions, they were created with the express purpose of helping the child acquire knowledge. In other words, education along academic lines was considered to be the sole purpose of the school. Those things considered to be in the province of emotions or mental hygiene were the responsibility of some agency apart from the school, primarily the family and the church. As time has gone on, as interest in emotional health has increased, and the professions of psychiatry, social work, and psychology have become more exact, more and more interest has been shown in defining the school's role in this area. It is well accepted that the school should play a major role in the discovery and identi-

fication of children with emotional problems. In recent years we have seen the movement toward guidance counselors within the secondary schools. We have seen the emergence of the school social worker as a distinct branch of the social work profession. Psychological services to the school have expanded from intelligence testing and achievement testing primarily to investigation of the child's personality patterns and problems. Teachers have become more and more interested in the principles of mental hygiene as they apply in the classroom setting. More and more schools are using psychiatric consultants, with some school systems setting up actual psychiatric clinics as a part of the school; and finally, there is beginning to be a greater interest in the possibility of specialized classes and even special public schools for the emotionally disturbed.

Some of this growing interest and focusing on emotional problems has come about because of our increased knowledge of such things, and part of it has come about through the school's frustration and feeling of ineptness in dealing with problem behavior. When one considers that this movement in education has only been in existence for twenty or thirty years, it does seem as though it is receiving too much

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## Services for the School Child

emphasis and the question might be asked, "Where does this all end—are we destined to have a couch in every classroom and every teacher a psychoanalyst?" This, of course, is unrealistic. A middle ground must be found. Areas of activity and responsibility must be defined—what responsibilities belong to the school, what responsibilities belong to the family, and what responsibilities belong to the community other than the school.

It must be remembered that the school's primary purpose and responsibility is to educate, but education cannot be carried on in an emotional vacuum and the educative process must go forward hand in hand with those processes which contribute to emotional health. Certainly this is true for all children regardless of whether they have problems or not. But when the child does have emotional problems, the task becomes doubly difficult. The concern is, then, not only what the best school practices are for maintaining and promoting mental health, but also for alleviating or correcting an already existing emotional problem.

### EDUCATION AND THERAPY

The idea of alleviation or correction carries with it the idea of treatment or therapy, and herein lies the greatest controversy around the problem of the amount of service the school should offer. Should the school treat? should the teacher treat? should the specialized people, who are becoming an accepted part of the school system, treat? "Treatment," or therapy, is used here not broadly, to include any of the techniques that are used to help a person make a better adjustment from an emotional viewpoint, but in an uncovering psychotherapeutic sense. Actually, education is a therapeutic or treatment process. The purpose of education is to furnish the child with certain knowledge, skills, and experiences in order to help him better cope with his environment in a realistic way. Psychotherapy aims at helping the

child gain certain knowledge and understanding of his own emotions and emotional interpersonal relationships, plus helping him find better defenses or skills to deal with his environment on an emotional level. The aim of both education and therapy is to effect change in a person in order that the person may live more effectively. Therefore, education and treatment do not represent two different things but different aspects of the same process.

There is one big differentiating factor, however, and that is that education is a process carried out at a conscious level. In other words, the educator's work is dealing primarily with those aspects of the child's personality that are conscious. Psychotherapy deals primarily with the child's unconscious. So the original question of "should the school do treatment?" now becomes "should the school delve into the child's unconscious life?" Certainly, a child or an adult cannot be dealt with interpersonally without involvement in his personal unconscious life, but this sort of involvement is different from purposefully becoming involved in a person's unconscious with a therapeutic purpose. Schools should actively avoid this latter kind of involvement, which means that the school should not do treatment in the sense of doing psychotherapy.

### TEACHER SHOULD NOT ATTEMPT THERAPY

There are many reasons why school personnel should not attempt to do psychotherapy. The most obvious reason why a teacher should not attempt psychotherapy is the fact that he or she is not trained to do it. It is true that many teachers, through experience, intuition, and natural bent, have a great deal of understanding of children, their emotions, and motivations, and even their unconscious. Many times the teacher knows more about these things than he or she realizes. However, knowledge of emo-

tions and emotional problems is not sufficient to do therapy. Psychotherapy is a highly skilled process which requires years of training and experience and even then mistakes are all too frequently made.

Apart from the matter of training, there are other reasons why the teacher should not attempt therapy. One of these is the role she plays in the child's life and her relationship to him. All children have a need to define for themselves the roles and relationships of significant adults in their lives. Once they have defined these roles, it is difficult for the child to accept the adult in a different role, and it is disturbing to the child to have the adult shift roles. For example, mothers frequently complain that teachers are reluctant to accept invitations for social visits in their students' homes. However, when an opinion is asked of the students, the majority will indicate that they prefer not having their teachers visit in their homes. There may be many other reasons why students do not want teachers visiting in their homes, but this matter of roles and relationships plays a large part in it. Within the school setting, the teacher plays a particular role, the child plays a particular role, and they relate to one another in a particular, known, familiar way. If they were to meet within the student's home, it would call for a shift in roles, relationships, and orientation. If the so-called normal child resists a change in teacher role, then such change would be doubly difficult for the emotionally disturbed child.

It is true that the teacher is an authoritative figure to the child, and she must maintain this role of authority-figure throughout the school day. It is very doubtful whether the disturbed child would be able to accept a shift from this role—to have his teacher say to him at the end of the school day, "I am no longer your teacher, I am now your confidante, your healer, your peer, or any other person you want me to be." This would be disturbing to the child and prob-

ably unacceptable to him, especially when one considers that the disturbed child already has marked difficulty in defining adult roles and in defining his relationship to adults.

Another problem that exists is the difference in orientation of the teacher and the therapist. The person who is doing therapy is and must be primarily oriented to the *individual*, whereas the teacher is and must be oriented to the *group*. The teacher cannot think only in terms of what is good for the person, but must think in terms of what is good for the group. For that reason it is only natural that her attempts at dealing with the individual will be colored by her responsibilities to, and concern for, the group totally. This difference in orientation is one of the big problems in integrating psychiatric thought and practices into the school system. The psychologist, the social worker, and the psychiatrist are individually oriented and the educator is group oriented. This is one of the big reasons why the help that is offered by these specialists so frequently appears to be not helpful to the educator, and to the specialized person the educator appears resistive. As these two groups become more used to working with one another, each will become more aware of the other's viewpoint, respect what the other can contribute, and integration will follow—but this will probably be a slow process.

## THERAPY IN THE SCHOOL SETTING

The next question to arise is whether specialized people—guidance counselor, social worker, psychologist—should do psychotherapy in the school setting. It is a fairly well accepted fact that these people, even though they have understanding, skill, and training in dealing with people's problems, should not do psychotherapy unless they are supervised directly by a psychiatrist. Therefore, they should not attempt psychotherapeutic casework or counseling unless psychiatric supervision is available to them,

## *Services for the School Child*

which means thinking in terms of setting up psychiatric clinics as part of the school system. Should schools set up psychiatric clinics as part of the services they offer with the idea of offering continuing psychotherapy? This has been tried in various places, but is the psychiatric clinic truly a function or responsibility of the school? From the economic viewpoint it appears impractical for a school system to attempt to set up a psychiatric clinic large enough to care for all of the children who are enrolled in that system. Also, with the child who is in serious enough psychic conflict to require psychiatric treatment, the roots of that conflict do not lie within the school. Even though the signs and symptoms of the conflict may manifest themselves more in the school than elsewhere, the roots usually lie within the child's intrafamilial relationships and thus the responsibility for eradicating the conflict lies with the family and agencies in the community other than the school. Granted that many times the facilities available are inadequate, but if the schools assume this responsibility, others are being helped to avoid their responsibility.

On the positive side of the question of what the school should offer the child with emotional problems, there are many things to be considered. The teacher and principal must assume a great deal of responsibility in recognizing emotional disturbances in the children with whom they deal. This matter of recognition is not simple. Teachers frequently ask, "How do I know when a child is emotionally disturbed?" It is not an easy question to answer. It is very easy to fall into the trap of generalizing and saying that a particular kind of behavior means emotional disturbance. It is true that certain kinds of behavior should alert one to the possibility of emotional disturbance, but at the same time it must be kept in mind that behavior indicative of emotional disturbance in one child does not necessarily mean emotional disturbance

when it is observed in another child. In other words, there must be willingness to approach each child on an individual basis and to understand what lies behind his behavior.

What can the teacher do in trying to make her decision as to the presence of emotional disturbance? First of all, she must have knowledge and understanding of what is considered to be normal behavior. Understanding of normal behavior is something that must be kept in mind. There is much glib talk by all people dealing with children about normal and abnormal behavior, but too frequently basic knowledge is lacking about what is normal and how to achieve it. In evaluating behavior, teachers and other professional people must be constantly on the alert not to label behavior abnormal purely because it offends personally, or disturbs personally, or does not fit in with an individual code of ethics or behavior. In a recent study, a group of teachers and a group of professional people in the field of mental hygiene were asked to rate a list of behavioral symptoms as to their degree of seriousness. There were fifty items on the list. The teachers tended to list those items which indicated violation of middle-class standards and morals as the most serious. For example, sexual activity was listed by the teachers as the most serious symptom, whereas it was listed fifteenth by the mental hygienists. Withdrawnness was listed as the most serious by the mental hygienists and thirtieth by the teachers. This points to the need to be objective in evaluating behavior, and to the fact that teachers and professional people in the field of mental and emotional problems are not in agreement on what constitutes pathologic behavior.

### **STEPS IN EVALUATING THE CHILD**

If the teacher has a child in her classroom whom she believes to be emotionally disturbed, what are the steps she should take in evaluating the child? The teacher should

first be willing to spend two or three weeks objectively observing the child, and in this period of observation she should be seeking the answers to certain questions—questions that will give her a picture of the child from different aspects and help her to bring him into perspective as a person, in her own mind. She should try to find out what subjects he is interested in and what subjects he is disinterested in, plus his ability to learn in these subjects. What is his attitude toward her, toward the principal, and toward other teachers? What is his attitude toward the daily routine? How does he get along with his peer group? Does he get along better with his own sex or the opposite sex? What is his attitude in sports and recreation and how does he react to the rules of the game? What are his play interests? What is his attitude toward himself as a person? What are his personal habits, manners, and customs? Are there any indications of physical disturbances? What are the recurring themes in his work and his compositions? How has he behaved in other classes and with other teachers? All these questions can be answered through observation without directly questioning or involving the child, other than the daily routine.

With the gathering of this information the teacher is now ready to sit down with her principal, the child's guidance counselor (if the child is in high school), certainly the school social worker, and possibly the school psychologist in order to evaluate objectively the probabilities of the existence of emotional disturbance and the next steps to be taken. If emotional disturbance is a probability, the teacher and principal should be willing to turn major responsibility for future action over to the school social worker and psychologist, who by training and experience are better equipped to evaluate and explore the deeper reasons behind the child's behavior through testing and interviews with the child and parents. They are the ones who should interpret this informa-

tion to the teacher and principal. As psychiatry, psychology, and social work have become better-defined professions, they have developed languages of their own, just as happens with most specialized fields; e.g., education. The result is that many times serious and gross difficulties exist in communicating with one another. One of the most important aspects of being a school psychologist, school social worker, or school psychiatrist is to interpret, communicate, and make meaningful to the educator the principles, philosophies, and knowledge which make up these specialized fields.

Although the principal and teacher should be willing to allow the psychologist and social worker to assume the responsibility in the further evaluation of the emotionally disturbed child, they should not at this point withdraw from any activity. Certainly the child is still in the teacher's classroom and still in the principal's school. They should be willing to ask themselves and the specialized people, "What are the areas in which the school may be contributing to the problem? Are there things about the child's curriculum that, if changed, would be helpful? Is there something about the teacher's or principal's attitude toward the child that needs to be changed? Would specialized educational help be of benefit?" Naturally, many of these questions cannot be answered until the psychologist and the social worker have become active and have contributed to a more complete understanding of the child. However, even with this understanding, whatever the principal and teacher do in their dealings with a disturbed child should be based on reality—the reality of the school situation, the reality of the child's life, and the reality of the child's personality. The school should not become directly involved in the child's unconscious life. Certainly, it is necessary to have some understanding of the unconscious problems that are causing the child's failure to adjust in order to arrive at the best solutions, but these should not receive

primary focus and attention in the teacher's handling of the child. Rather, she must focus on the healthy and positive aspects of the child, bolstering them as much as she can within the real setting of the classroom and the limitations that it imposes. One thing that any school person dealing with an emotionally disturbed child must keep in mind is that she must temporarily change her goals and her expectations for that child. Most educators tend to measure their success or failure with a child in terms of how much they have been able to teach the child. With the emotionally disturbed child the educator may have to abandon temporarily the idea of academic achievement as a measure of success and think more in terms of lessening anxiety or better integration into the group as signs of success.

# **FUNCTIONS OF THE SCHOOL SOCIAL WORKER**

Interpretation has been mentioned as a major function of the school social worker, but there are other important functions. The school social worker should expect to deal with the child or his family in any way that is in keeping with accepted social casework practices. Frequently a child who receives casework help around his feelings, problems, and adjustment in school is better able to use his capacities and his school experience in a more positive, constructive way. Many times, however, the casework that is done with the child or the family will be of a limited-goal variety. As a rule it will not and should not be the kind of casework culminating in major personality or environmental change. The school social worker's primary casework service often will be geared to working with the family or the child toward referral to a community agency, whose function and responsibility is to offer this kind of service, and to interpret the reality of the family to school personnel. Limited-goal casework, however, does not necessarily mean short-term case-

work. Because of the nature of the problems confronting the social worker in the school setting—e.g., lack of motivation, hostility toward school personnel, and so forth, on the part of the child and his family—months of work may be necessary to achieve the goals.

## **SPECIAL CLASSES**

The matter of special education for the emotionally disturbed child has been mentioned previously. It is true that regardless of how ideal classrooms are, there are a certain number of emotionally disturbed children who cannot tolerate, or be tolerated, in the regular classroom. Many school systems have established special classes and even special schools for this kind of child, but much of the work is experimental. An important factor to be considered in establishing such schools or classes is the attitude or philosophy motivating formation of the class. It is all too easy for a special class to become a dumping ground. Recognizing the school's group orientation and the rights of the group, special classes should not be formed with the primary purpose of relieving the teacher or the group, but rather with the purpose to serve better the needs of the child who is going to be placed in the special class. The needs of the group are important but giving them primary importance in such planning is the kind of thinking that has contributed to the custodial nature of so many psychiatric hospitals today. If the thinking in setting up special classes is primarily of this kind, then these classes will become primarily custodial in nature. With special classes for the emotionally disturbed, careful consideration must be given to the particular children who will benefit from such a class and those who should remain in regular classrooms. Certainly the special class has positive value for the disturbed child in the sense of giving him a smaller group, the possibility of special motivation, and more individualized personal attention from the teacher.

The psychiatrist has much to offer to a school system, but the primary purpose of the psychiatrist should be consultation, rather than treatment. More and more, large school systems are utilizing the skills and knowledge of a psychiatrist and it is a fairly well accepted role for the psychiatrist to assume. What role should the psychiatrist play within the school? He can best serve the school on a consultative basis concerning the individual child and on an educational basis through in-service training. The aim of such a program is to help school personnel understand psychiatric thought, principles, and practices; and integrate these concepts into their thinking regarding the individual child and the classroom group totally. Also it is to be hoped that school personnel would gain some awareness of themselves and their own emotional reactions.

The psychiatrist has a responsibility to learn about educational philosophies and the mechanics of school administration in order to find more and better ways in which psychiatric thought can be of value in these areas. He must also be alert to the resources of his community in order to help school personnel steer the child and his family to the proper place. He has an important function, too, just as the social worker and the psychologist do, in the areas of communication and defining roles.

#### THE SCHOOL'S RESPONSIBILITY

In summary, it is true that a school system has certain responsibilities to the emotionally disturbed child. Primarily of course, the school's responsibility is to educate; beyond that, however, the school's responsibility stops short of treatment or psychotherapy. There is the responsibility of identifying and evaluating the disturbed child and of evaluating those things within

the school which may be adding to his disturbance, and, if changed, could add to a better adjustment. The school also has a responsibility of seeing that the child and his family are brought into contact with the proper community resources, where definitive therapeutic action can be taken. School personnel have also the responsibility of trying to understand the child, and themselves in relationship to the child. The school has also the responsibility of working with community agencies which ultimately carry out the treatment procedures. The school cannot adequately carry out all these responsibilities without the help of specialized people—psychologist, social worker, and psychiatrist. These specialized people, besides having the responsibility of helping the school with these things, also have the responsibility of interpreting community agencies to the school and the school to community agencies. There is also the responsibility of communicating specialized insights into schools, and school problems to one's own professional group. Integrating such a program into a school system is not without difficulties. A major one, as has been mentioned before, is in the area of communication.

The educator, social worker, psychologist, and psychiatrist, in their working together, must constantly keep in mind that the primary focus is the child and his problems. They must be willing to find ways of being helpful to one another and of utilizing one another in their efforts to help the child. They must approach their work together, each with respect for the other's particular frame of reference, and with the expectation of understanding the other's frame of reference. In this way, many of the seeming differences in thought can be eradicated and better solutions can be found for the child with emotional problems.

# SOCIAL WORK RESEARCH SECTION

BY HENRY J. MEYER, WYATT JONES, AND  
EDGAR F. BORGATTA

## *The Decision by Unmarried Mothers To Keep or Surrender Their Babies*

ALTHOUGH RESEARCH in the social work area has been growing in volume, the amount of rigorous description and hypothesis testing thus far reported is limited. Casework, like other counseling and therapeutic endeavors, has been forced to operate largely on the basis of clinical generalizations. Only recently have there begun to appear systematic studies in which the procedures of the behavioral sciences have been brought to bear on the problems with which social workers deal, on the procedures they follow, and on the effectiveness of these procedures. Such studies reflect, to be sure, the relatively primitive level of scientific achievement that characterizes the behavioral, as contrasted with the more developed sciences. They provide evidence, however, that the methods of science, incapable as they are of replacing the "wisdom" and "art" of the practitioner, can correct and supplement that wisdom and

art, and in some instances provide new insights and new tools for carrying out the social worker's task.

A long-range objective in any area of social practice is to evaluate the effectiveness of specified treatment procedures for known types of persons and problems. In casework and other kinds of therapy, the objectification of goals, the specification of treatment, and the measurement of effectiveness in achieving goals are of great complexity. Before strictly evaluative research can be incorporated into an agency program, considerable exploration in a descriptive and analytical sense is necessary. Indeed, it is imperative.

Social agencies assume responsibilities for facilitating difficult decisions and for assisting in the achievement of optimum solutions to difficult problems. One function of the type of research reported here is to make more precise some of the knowledge upon which such responsibilities can be fulfilled.<sup>1</sup> This paper deals with a nar-

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<sup>1</sup> For the past two years a research program at Youth Consultation Service of the Diocese of New York, Inc., has focused on exploring the effects of casework and group therapy on young unmarried mothers and other adolescent girls. This research was made possible by a grant from the Vincent Astor Foundation.

row segment of this vast field of practice, in particular with some of the variables, especially background characteristics, believed to be associated with the decision which unmarried mothers served by a case-work agency make with respect to the disposition of their babies.<sup>2</sup>

The value of this study may lie as much in the manner of analysis as in the results. It is an example of how information already available to social agencies may be turned into more useful knowledge. It will be recognized that the variables used in the study have been precisely those which are now recorded in fairly standardized form in the case records. As additional information is thus recorded the results of research of this type can be made more definitive.

Our exploration has been from two points of view, reported in two sections. The first analyzes the relationships of selected background characteristics of unmarried mothers to the decision to surrender or to keep the baby. It is therefore concerned with the empirical prediction of that decision from information generally available on first contact with the clients. The second section uses a factor analysis to isolate distinctive clusters of interrelated background characteristics along with some additional variables associated with case-work treatment and evaluation. Factor analysis may be viewed as a way of developing an economical description of the major syndromes or combinations of characteristics that appear among the unmarried mothers in the caseload of this agency. Because the data with which the investiga-

tors had to work were largely sociological in character, the syndromes identified represent essentially a description of social background factors. As standardized descriptions and measures of psychological variables become available, syndromes can be identified which describe personality and interpersonal as well as social background factors. The field of casework has identified, of course, through the case study method and the experience of practice, major syndromes associated with various social and personal problems which bring people to social agencies. The factor analytic method used here is suggested as a way of sharpening up these generalizations and of adding new ones which may not emerge out of clinical experience, unaided by the tools of quantitative analysis.

For the unmarried mother the decision she must make about her baby is usually fraught with anxiety, discomfort, and conflict. Caseworkers recognize that the decision itself is only a part of the total problem for the mother. That a decision will be made is inevitable, since not making a decision to surrender the baby is, by default, a decision to keep it. Caseworkers are concerned with the way the decision is made as well as with the content of the decision itself. A comprehensive study would include such aspects of the total problem as: (a) the factors related to the outcome of the decision; (b) the process by which the decision is reached; (c) examination of what constitutes an appropriate decision; (d) the effect of casework treatment in improving the decision. This report is concerned primarily with the first of these. Other aspects of the problem are being studied in the on-going research project at Youth Consultation Service of the Diocese of New York.

## BACKGROUND CHARACTERISTICS AND THE DECISION

All unmarried-mother cases active at Youth Consultation Service for the period Janu-

<sup>2</sup> In the relevant literature on the unmarried mother, only the following two items appear to be directly pertinent to this research:

J. S. Hasmer, "Traits Predictive of the Successful Outcome of Unmarried Mothers' Plans to Keep Their Children," *Smith College Studies in Social Work*, Vol. 12 (1942), pp. 263-301.

Ruth Rome, "A Method of Predicting the Probable Disposition of Their Children by Unmarried Mothers," *Smith College Studies in Social Work*, Vol. 10 (1940), pp. 167-201.

## Decision by Unmarried Mothers

ary 1 through June 30, 1954, were selected as the sample for this analysis. From the records of these 128 cases, background data for each was obtained, including such items as age, race, religion, education, employment history, financial status, family composition, residential history, and relation to the putative father. There were 28 girls who had not made final disposition decisions at the time of the initial analysis and, since these were not used, the sample for this part of the research is reduced to 100 cases.

In this sample, 40 of the girls surrendered their babies for adoption and 60 retained custody of them. When distinguished by race, 32 of the 52 white girls surrendered and 20 kept; whereas among the 48 Negro girls, 8 surrendered and 40 kept. The difference between white and Negro girls in this respect is sufficiently large so that it cannot be attributed to chance.<sup>3</sup>

The tendency of Negro girls to keep their babies in higher proportions than do white girls could reflect a cultural factor that makes for more tolerance and acceptance of out-of-wedlock children among Negroes. It is likely, however, that this is at least in part a social class rather than a cultural difference. Only 40 percent of the sample is Negro, but 68 percent of the 63 girls whose socioeconomic status is designated "working class" are Negro. It is possible, too, that Negro girls believe it is difficult to have their babies adopted and that this would affect their decisions.

The group of 8 Negro girls who surrendered their babies was too small to permit identification of statistically significant background factors which differentiate them from the 40 Negro girls who kept their babies. The remainder of the analysis in this section is therefore confined to the white girls in the sample.

Analysis of the background characteristics of the 52 white girls reveals seven dichotomized items that have significant positive

correlations ( $r_{phl}$ ) with the decision to surrender:

|  |     |
|--|-----|
| Religion: non-Catholic   | .45 |
| Education: attended college  | .39 |
| Marital status of putative father: single                              | .41 |
| Age: under 18  | .35 |
| Employment status: in school   | .37 |
| Financial status: family-supported                                     | .27 |
| Socioeconomic status: white collar, proprietary, or professional class | .34 |

By trying out combinations of these variables, it was found that the first four (religion, education, marital status of putative father, and age) permitted the most accurate classification of the cases on the basis of whether they kept or surrendered their babies. The white girl with two or more of these positive items present in her background is likely to surrender her baby ( $r_{phl} = .63$ ). If one or none of these positive items is present, the girl is likely to keep her baby. This short "test" for the disposition decision classifies 83 percent of the cases accurately. The same level of accuracy is obtained for Negro girls simply by predicting that all of them will keep their babies (83 percent). Thus the general prediction for Negro and white girls combined, on the assumption that the observed relationships will be maintained, is that 83 percent of the cases will be accurately classified from the knowledge of these four variables and the identification of the girl as Negro or white.

To find out whether this "test" would hold for a different sample of cases, it was applied to 175 closed cases for which final decisions were known for the years 1952 and 1953 and for new cases that had entered the agency between July and October 1954. For the white girls in this new sample, 77 percent were accurately classified and for Negro girls the percentage previously observed was maintained (84 percent). For the combined sample, the decisions were thus properly predicted for 80 percent of the cases.

Presentation of these findings does not imply that an empirical prediction such as

<sup>3</sup> The level of statistical significance used in this paper is .05.

this one can be substituted for the clinical judgment of the caseworker. It is the worker who still must decide, for each case, what the likelihood is that a girl will surrender or keep her baby, how appropriate the decision would be under all the circumstances, how to handle the client's feelings and attitudes about the decision, and what service and treatment plans should be carried out. It does, however, challenge the worker to formulate more deliberately the basis for diagnosis and for planning, particularly in cases where the judgment and plan are at odds with the statistical probabilities of the case.

### DESCRIPTION OF FACTORS

For a further analysis of background and other variables, it is desirable to discover how these then are interrelated. Factor analysis is an appropriate statistical operation for this purpose. It permits one to identify which variables cluster together, on the one hand, and which clusters of variables, on the other hand, are independent of one another.

The sample used for the factor analysis overlaps that used for the more simple correlation analysis reported in the preceding section. It includes the 223 cases available from the 1953 and 1954 caseloads. In addition to background information certain facts about the treatment period were recorded, such as duration of contact with the agency and attendance at group therapy sessions. For 157 of the cases, ratings by caseworkers were obtained<sup>4</sup> as to the client's degree of

involvement in treatment, her decisiveness and realism with regard to the decision about her baby, and her satisfaction with the final decision.

From a total of 28 different variables whose interrelationships were examined, 19 were retained for the factor analysis.<sup>5</sup> These variables, treated as dichotomized items of information in each case, are identified as follows:

#### *Variables of the Factor Analysis*

1. Disposition of baby: surrender—keep
2. Age: under 21—21 or over
3. Race: white—nonwhite
4. Religion: non-catholic—Catholic
5. Education: not high school graduate—high school graduate or more
6. Employment: white-collar job—other or none
7. Financial status: self-supporting—family-supported or other
8. Birthplace: out-of-state—New York State or foreign
9. Nativity of parents: native-born—foreign-born
10. Prepregnancy residence: live at home—live elsewhere
11. Socioeconomic status of family: middle or upper class—working class
12. Marital status of parents: living together—broken home
13. Marital status of putative father: single—married
14. Residence during pregnancy: maternity shelter—other
15. Duration of agency contact: less than 6 months—6 or more months
16. Group therapy: some—none
17. Attitude toward disposition: decisive—indecisive

<sup>4</sup> The rating forms were developed after extensive discussion with the casework staff and were intentionally general in character, i.e., they used large, broad categories rather than a large number of small, selected ones. The ratings must be accepted with caution because some of them were necessarily made after the mother's decision was known. In such rating procedures, there is great danger that the rating made of one variable will influence that of the others. There is further danger that the caseworkers will understandably use the final decision itself as a criterion when rating variables believed to be associated with that decision.

<sup>5</sup> Cross-tabulations for Negro and white cases separately as well as for the total sample were made but no meaningful distinction by race was apparent. For the correlation matrix,  $r_{ph1}$  was used. The technical decisions made in developing the factor analysis, the intercorrelation matrix, and the orthogonal rotated factor matrix were reported in the original paper.

## Decision by Unmarried Mothers

18. Quality of the decision: realistic—unrealistic
19. Client's psychological functioning: good—poor

Five substantial factors were extracted in the analysis. A factor is a construct, such as social class, that takes a number of inter-related variables and summarizes them in a single new variable. Its great virtue is the virtue of all statistical measures—it permits reduction of what would be an unmanageable number of separate bits of information into a summary statement with which the human mind can work. It brings together what is already known in such a way that we can see relationships that were formerly obscured by a mass of detail. The reduction of 19 of the variables listed above to 5, without a significant loss of the predictive values of the information provided by the 19 variables, is evidence of the utility of factor analysis. It is difficult enough to juggle five variables in arriving at diagnostic and treatment decisions; only a genius or Univac is able to give simultaneous consideration to 19!

In this study, Factor 1 appears to be a *social class* factor. Cases with a high loading in this factor, i.e., cases which are effectively described by the variables which make up this factor, are characterized by coming from white, nonbroken, middle- or upper-class families, having held a white-collar or professional job, living in a shelter during pregnancy, having group therapy experience while in the shelter, and surrendering the baby. Described negatively, this factor is characterized as non-white, working class, without shelter experience and therefore without group therapy, keeping the baby, coming from a broken home, and having had domestic, factory, or no work experience.

| Factor 1                                   | Loading |
|--|---------|
| 14. Shelter residence during pregnancy     | .79     |
| 16. Group therapy experience               | .72     |
| 11. Socioeconomic status (middle or upper) | .63     |

|                                    |     |
|------------------------------------|-----|
| 3. Race (white)                    | .60 |
| 1. Disposition of baby (surrender) | .58 |
| 6. White-collar employment         | .32 |
| 12. Parents living together        | .32 |

Girls whose decisions about the disposition of the baby are characterized by caseworker rating as *appropriate handling* of the situation constitute the type of person indicated by a high loading in Factor 2. Rated as decisive, realistic about the decision, and as functioning well psychologically, this type also lives at home in an unbroken family, has short contact with the agency, and decides to surrender the baby. The opposite characterization—unrealistic, indecisive, poor psychological functioning, from a broken home and living alone, with six or more months' contact with the agency, and deciding to keep the baby—seems to describe what may be the caseworker's view of inappropriate handling of the difficult social situation involved in unmarried motherhood. In general, it would appear that the definition of appropriateness is surrendering the baby while remaining with the family of orientation. Presumably, the implication is that of a realistic facing of the problem by the girl and her family.

| Factor 2                                    | Loading |
|---|---------|
| 18. Realistic decision                      | .56     |
| 17. Decisive attitude in decision           | .52     |
| 19. Good psychological functioning          | .48     |
| 1. Disposition of baby (surrender)          | .45     |
| 10. Home residence before pregnancy         | .45     |
| 15. Less than 6 months' contact with agency | .30     |

Factor 3 seems, in its positive and negative aspects, to describe a *rural-urban* continuum. The rural pole is characterized as native born but not in New York State, non-Catholic, having both parents native born, and being nonwhite. The urban pole is New York State or foreign born, Catholic, of foreign-born parentage, and white. The southern Negro of comparatively recent residence in New York appears to be indicated on the one side and the second-generation, Catholic, white girl of New York on the other.

| Factor 3                            | Loading |
|-------------------------------------|---------|
| 8. Birthplace out of New York State | .59     |
| 9. Parents native born              | .53     |
| 4. Religion (non-Catholic)          | .50     |
| 3. Race (nonwhite)                  | .47     |

The fourth factor appears to describe the *emancipated* woman. On the one side, the type is characterized by the self-supporting, white woman, 21 years of age or over, well educated, holding a white-collar or professional position, and living away from home. Viewed conversely, the cluster primarily describes the young, economically dependent, vocationally inexperienced girl of limited education who is living at home.

| Factor 4                                    | Loading |
|---|---------|
| 7. Self-supporting financial status         | .82     |
| 2. 21 years of age or over                  | .77     |
| 5. Education (high school graduate or more) | .57     |
| 6. White-collar employment                  | .51     |
| 10. Prepregnancy residence not at home      | .36     |
| 3. Race (white)                             | .32     |

Factor 5 is least clear among the factors. Coming from a working-class family but having a good education, or conversely, coming from a middle- or upper-class family and having little education define this type. The variables seem to suggest upward or downward *social mobility*.

| Factor 5                                    | Loading |
|---|---------|
| 5. Education (high school graduate or more) | .63     |
| 11. Socioeconomic status (working class)    | .56     |

The five types that emerge from the factor analysis constitute meaningful distinctions within the caseload of the agency. With respect to the decision to keep or surrender the baby, only the first two factors are involved. The decision is strongly associated with social class (Factor 1). It is somewhat less strongly associated with the second factor—appropriate handling of the social situation from the viewpoint of the caseworker. Thus, the analysis suggests that the higher the social class, the more likely the girl is to surrender the baby. In addition, it appears that the more realisti-

cally the situation is faced without disturbing the normal pattern of the girl's family life, the more likely she is to surrender the baby.

### SOME IMPLICATIONS OF THE RESEARCH

In our first analysis, we found that the disposition decision for unmarried mothers coming to this particular agency could be predicted on an actuarial basis for about 80 percent of the cases. If this level of accuracy were found to prevail generally,<sup>6</sup> the test based on these variables would provide a means, hitherto unavailable, whereby social agencies might anticipate at the beginning of contact the disposition decisions of their clients and use this information in the planning of their services and treatment for unmarried mothers. Administratively, an indication of the girl's ultimate decision would enable the agency to make appropriate contacts with adoption agency, foster home, boarding home, or to make whatever arrangements might be required. Thus a considerable saving in agency time and energy might be effected and smoother inter-agency cooperation achieved.

In addition to administrative advantages, the possibility of anticipating the unmarried mother's decision might serve to alert the caseworker to special problems in cases in which the predicted decision differs from that which the caseworker believes to be most appropriate in the light of casework objectives. Furthermore, with knowledge of the modal behavior of major segments of the caseload, it is possible to hypothesize that persons who conform to the characteristic decisions of their peers will make the most satisfactory decisions. With this in mind, a meaningful theory might be devised that could facilitate the interpretation

<sup>6</sup> Application of the "test" variables to 33 cases constituting the unmarried-mother caseload of a social agency in Brooklyn properly classified 76 percent of the cases with respect to surrendering or keeping the baby.

## *Decision by Unmarried Mothers*

of exceptional cases in terms of social psychological factors.

In the second section of the paper we have presented types which may be said to arise empirically from the interrelationships among the variables observed. These types will be familiar in the experience of workers in agencies of this kind. But an analysis of this sort sharpens the distinctions observed and may correct impressions. For example, the impression that the distinction between Negro and white girls is a cultural distinction of importance in the decision about the baby may be more plausible than actual. Our data suggest that what appears to be a distinction of color or race may more appropriately be a distinction associated with social and economic conditions. The rural-urban difference, on the other hand, which might be expected to reflect the greatest actual divergence in culture, does not in this analysis have any important bearing on the decision the mother makes about her baby.

The range of variables included in this research is limited to those readily available in comparable form from the case records of all the cases in our sample. Research in

progress seeks to extend these limits to include not only greater detail of social background, but personality, behavioral, and treatment variables as well. Our identification through factor analysis of clusters of background characteristics encourages us to investigate the relationship of such factors to psychological syndromes and diagnostic types which are more familiar in the practice of casework.

If standardized information with respect to psychological and other so-called dynamic variables were comparable to information about background which has been used in this study, an analysis such as here presented would lead to greater understanding of the client's behavior. Our study indicates the predictability of the unmarried mother's decision to keep or surrender her baby. It may be anticipated that further analysis of social and psychological variables recorded in standardized form will increase both the predictability of the decision and the understanding of factors related to it. The challenge for the social worker in this respect is to objectify and record those professional insights which he utilizes in his daily practice.

## *Shortage of Social Workers*

MUCH HAS BEEN said in recent years about the great and pressing problem posed by the growing shortage of professionally trained social workers. Proposals for correcting the situation have, however, consistently overlooked one important, perhaps vital aspect of the question. This is the fact that the large majority of students in schools of social work are women and that a sizable percentage of them will be in practice for a few years only. Before they have worked long enough to realize their potentials they get married, have children, and subordinate their own careers to their husbands'.

It used to be expected that the relatively few young women who entered one of the professions would devote their lives to it. Now the expectation is that they will get married and raise a family of children. While this may be a trend of which we approve, we must recognize that it does not provide staff for hard-pressed agencies.

Such figures as are available seem to support this observation. According to the 1950 study of salaries and working conditions in social work, 49 percent of all women caseworkers and group workers reporting had had less than five years' experience.<sup>1</sup> It is true that at that same time 59 percent of men caseworkers and group workers had had no more experience, but two factors are involved here: first, during the war years, 1942-1946, virtually no able-bodied young men could attend schools of social work; and second, in 1950, 20 percent of all men supervisors had had less than five years of

experience, while only 8 percent of women supervisors were in these categories. Perhaps one reason for this great discrepancy is that agencies have or believe they have a better chance of retaining their men workers than women.

While no general conclusions can be drawn from the experience of one agency, it is nevertheless interesting to note that, during the ten years 1945-1954, when the writer's own agency employed 37 different women as caseworkers, as of the end of March 1955, 21 of these young women had definitely quit professional practice (every one for reasons of marriage and maternity) and three more had indicated their intentions to do the same in the relatively near future. That this may not be an isolated situation is indicated by a recent statement by the Personnel Services of the Family Service Association of America, "Further study is needed to determine the influence on [staff] turnover of personal factors as marriage, child-bearing, change in job location of the marriage partner . . ."<sup>2</sup>

It seems clear that schools of social work would have to increase their present enrollments to an impossible figure and to maintain these enrollments for many years in order to meet the double burden of providing qualified practitioners for the thousands of existing and potential positions, and at the same time to fill the perpetual gaps created by such a large percentage of practitioners leaving the field each year.

Fortunately, there is a simple, clear alternative, although putting it into practice is admittedly difficult. This alternative is to increase the enrollment of young men in schools of social work, both in absolute

<sup>1</sup> *Social Workers in 1950: A Report on the Study of Salaries and Working Conditions—Spring, 1950* (New York: American Association of Social Workers, 1952), p. 54.

<sup>2</sup> "What's Happening in Personnel?", *Highlights*, Vol. 16, No. 5 (May 1955), pp. 77-78.

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numbers and proportionately. The difficulty in doing this lies in making our field attractive to young men who have the attributes necessary for successful practice in it. While there are various facets to the task of making social work attractive to college men, perhaps the most important is that of salaries, and not beginning salaries only, although these cannot be overlooked.

Most young men who are in or are contemplating professional training are either married or looking toward marriage, and children are included in their hopes and plans for the future. Thus, it is only realistic that men should look for a field in which they can reasonably expect to earn enough at the beginning to support themselves and their families modestly but adequately. In our society, however, it is expected that they will look further; they will want to know what they can reasonably expect as compensation by the time they reach professional maturity.

We cannot afford to overlook the fact that our society to a considerable degree equates the status of any occupation with the ultimate earning power of its members. Not every man who enters the profession of social work will eventually desire administrative responsibilities, nor should he. We admire greatly the physician or attorney who spends his life in the successful practice of his profession and regret those who relinquish their practices in whole or in part for administrative duties. To make it possible for male practitioners in social work to remain in case or group work practice, great increases must come about in maximum salaries for caseworkers, but these in turn are limited by the salaries paid to executives. It would serve no purpose here to enter into the debate for and against different salary ranges for practitioners and executives: in the foreseeable future, few if any agencies will be willing to pay their practitioners as high or higher salaries than are paid their executives. This very effectively establishes a ceiling which is equally as important as the floor of salaries.

Our profession can and should study the elements in practice, as many have suggested, to factor out those operations which can be performed adequately by persons with less than complete professional training. This alone, however, will not provide the solution to the problem of the shortage of professionally qualified persons, for the demand is increasing constantly. The solution, I believe, lies in developing a more permanent, stable group of professional practitioners, and experience has shown that to do this we must bring many more men into our field.

EMERSON HOLCOMB

*Family Service of  
New Haven, Conn.*

### *"Children Need Families"*

ON DECEMBER 19, 1955, the report "Children Need Families" by John Horwitz was released by the office of the Honorable Robert F. Wagner, Mayor of New York. It examines the availability of social welfare services for children in their own homes and for children in foster care. Mr. Horwitz' study calls attention to the unmet child welfare needs in New York City, but one can be fairly sure that some of his findings as to the woeful inadequacies of services apply also to other communities.

A part of our democratic ideal is that our junior citizens will have the kind of care, affection, training, and opportunities that will help them develop into adults who are able to love and be loved, and are able to be effective and productive citizens. At least three basic questions, each pertinent to the accomplishment of this democratic aim, arise from the Horwitz report.

All states have protective laws that presumably safeguard the interests of children by authorizing their removal from their own homes if their own families are unable or unwilling to provide adequate care. But it is even more essential for parents to have access to those kinds of services which might

sustain and bolster their ability to care for their offsprings, and thus preserve for the children the inestimable value of remaining in their own homes.

Can any community claim to have developed these services in sufficient quantity, in sufficient range, and of adequate quality to reach all the parents who might be helped? It is much more likely that children continue to be uprooted from their own homes because we have not yet become sufficiently skillful in reaching some of the defensive, resistive persons whose problems are manifest in the neglect of their children, that we are still too rigid in our use of social resources such as homemaker service and day care, that in some areas we continue to insist on a false dichotomy between "financial assistance" and "casework service," and that in practically all areas these varieties of services are of insufficient quantity, even where progress has been made toward a range and quantity of services.

The report suggests a second question. Does the development and acquisition of a body of professional knowledge carry with it responsibility for the use of such knowledge? Apparently not. We know that of those children who need care away from their own families some could be best served by adoptive placements, others by foster home care, others by care in treatment institutions, others by different kinds of group care. Nevertheless, children who need foster home care remain in shelters, children who need specialized care in treatment centers remain in custodial institutions, and some children who could be better served by group care remain in foster homes.

Protective laws provide minimum safeguards for children in their own homes, establish a standard of care below which parents and natural guardians "may not be permitted to fall with impunity." Similarly, laws providing for the licensing of agencies and institutions require minimum standards for the care of children away

from their own homes. But we have by no means reached that point of social development wherein it would be regarded as a clear and unequivocal responsibility of the community, through social welfare resources, to provide the specific type of care best suited to help the child develop his maximal capacities.

A third question is of vital significance. To what extent is the public welfare safeguarded by public welfare departments, whatever their specific names and whatever their political subdivision of jurisdiction? In his letter of transmittal of the report to the Mayor, the Honorable Henry Epstein points out that the programs recommended "form a protective chain about the fatherless, the homeless—to guarantee a future of useful citizenship to children who may otherwise grow up bitter and isolated, 'back-door' children who may raise their hands against the people of a city which has neglected them!"

These chilling words focus upon the fact that the individual is a member of the community and that he may be either useful or dangerous to its social well-being. It would seem clear, therefore, that public welfare departments have a responsibility transcending that of any group or section of the population. Application of this principle means that public welfare departments, representing the community, would not have the right to delegate to other groups responsibility for social services in behalf of children, unless such delegation carried with it responsibility for knowing continuously that care of and plans for these children take into account their changing needs and future as adult citizens.

Furthermore, a child is a member of the total community, not just of a particular nationality background, religion, or class. In view of this fact, a public welfare department fails to discharge its responsibility to protect the public's welfare if it permits any group or segment within its jurisdiction to provide types of care that may well serve the special interests of the subgroup, but

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which fail to provide the child with opportunities that prepare him for responsible participation as a member of the total community.

The American public has long since recognized that the interests of public health supersede the special interests of groups who disapprove of vaccination, quarantine, and other medical practices. When the protection of the community is at stake, members of such groups are subject to the measures based on medical knowledge. We must move toward a similar recognition that social maladjustment is as dangerous to the community as disease. The best that we have in the science and art of social work must be used in behalf of all members of the community who need the help of this profession. In the interest of the public welfare it is essential that official agencies authorized to represent the community in these matters have the ultimate responsibility for those children whose natural guardians, the parents, cannot care for them in a manner likely to contribute toward their effective social living in adulthood.

ELIZABETH G. MEIER

*New York School of Social Work*

### *Why Probation?*

IT IS MY belief that the probationary period for professionally trained social workers should be eliminated, that employment into and separation from a position should be unequivocal, and that the implications of probation are inimical to the individual and the profession.

Every year lawyers and doctors, chemists and psychologists, nurses and teachers complete graduate work, receive a degree, and go into their professions. They need to know more, to go on learning and growing. They may be apprentices, low paid, exploited. But they are not on probation.

A social worker is told, when she is hired, that just as she will be on probation with the agency, the agency will be on probation

with her. This is true. But in my opinion it is more false than true, for the worker's rejection of the agency is hardly comparable in effect, in influence on reputation, in financial results, in morale.

It is an empty ritual. If there is a meaning in it, the only observable one is that, through withholding responsibility, rights, and status, additional discomfort is assured the worker. When she needs encouragement most, she hears not, "You can do it!" but rather, "We are not sure of you." As pressures increase, the ultimate disservice is to the client.

Does probation help the employer? One can be cloaked with authority, but its final residence is within the individual and the individual in authority must make decisions. Is there a reason that the employer as authority in social work should be spared decision-making or demands for self-confident action? Does not the device of probation invite indecisiveness? May it not shield weakness and obscure fears and guilts attached to the possession of power?

I suggest social work is afraid of itself, of making mistakes, of taking chances. Agencies mistrust the schools, their graduates, other agencies. They depreciate workers, who reciprocate with hostility. Relations between supervisors and workers become unhealthy, distorted.

I suggest social work has and will continue to have a minority status, a bad press, and an uncomfortable relationship with itself and kindred professions as long as it is indecisive, embarrassed over its own valid knowledge, doubtful of its strengths, and self-depreciating in its heart.

Probation, one meaning of which is "ordeal," a constant meaning of which is "test," should be dropped. As long as it is willing, let the agency try to help the worker do a good job. Let it avoid ambiguous commitment and irresolute decision: when necessary, let it fire the worker. But spare the worker probation!

ELIZABETH CRAWFORD

*San Francisco, Calif.*

## *Legal Opinion in Michigan*

SOCIAL WORKERS EVERYWHERE were alarmed by an opinion of Michigan's attorney general in April 1953 (No. 1645) that defined the practice of medicine as used within the Medical Practice Act in such a manner as to make casework practice of doubtful legality. In the same year a later ruling of the attorney general gave rise to still more uncertainty when he held that acts in violation of the medical practice statute were not rendered legal by the fact of medical supervision.

Doubts have been set at rest, at least temporarily, by the opinion of a succeeding Michigan attorney general, Thomas M. Kavanagh, who, in Opinion No. 2359, January 20, 1956, reviewed the entire matter and in general held that social workers are not in violation of the Act.

In his opinion Mr. Kavanagh establishes regulation of medical practice as a constitutional and necessary exercise of the state police power. He finds, however, that the opinion of his predecessor was based on a definition of psychotherapeutics or psychotherapy which included "mind-cure or cure by making mental impressions or suggestions," and used as the guiding case that of the *People v. Mulford*, 125 N.Y.S. 760. *People v. Mulford* involved a defendant who treated his patients for physical ailments by the laying on of hands, manipulation, breathing, and so forth, and designated such treatment as "suggestive therapeutics." In his opinion Mr. Kavanagh draws extensively from scientific literature to establish the nature of modern psychotherapy. He makes a particular point of the fact that the person receiving psychotherapy "gives up no autonomy: the therapist does not 'take charge.'"

Mr. Kavanagh comes to the conclusion that "the professional fields of social work and of psychology cover a vast range of activities, all of them 'therapeutic' in the sense that they help people and make them

feel happier, and all of them 'mental' in the sense that the emotions are in turmoil during the recipient's confrontation with his problem, and that he experiences surcease from emotional distress as a direct result of the social work or psychotherapy." He therefore sees social workers as persons in "therapy-dispensing roles" but he holds that this therapy is not equivalent to medical therapy or equivalent to the "suggestive therapy" which loomed so large in the opinion of his predecessor.

Mr. Kavanagh distinguishes between clinical psychologists and psychologists in general, and psychiatric social workers and social workers in general. He concludes that clinical psychologists and psychiatric social workers are close to the orbit of medical therapy. Such persons, he holds, are not protected from charges of violation of the Medical Practice Act merely by the fact that they work under the supervision of a physician, but are not liable to prosecution merely because of the nature of their work. Whether any act performed by a clinical psychologist or psychiatric social worker is or is not in violation of the Medical Practice Act is held to be a question of fact, with each specific instance determined individually. With the limitations noted, Mr. Kavanagh finds that the practice of psychology and social work in general is in no way in conflict with the Act.

A further opinion regarding the advisability of a statute licensing or certifying social workers and psychologists is anticipated in response to a question posed to the Michigan attorney general. Meanwhile, organized medical groups who have not received Mr. Kavanagh's recent opinion with favor are said to be bringing considerable pressure to bear. The professional membership organizations of social workers and psychologists are, on the other hand, commending Mr. Kavanagh for the statesmanlike way in which he has analyzed the law and related it to a real understanding of current social institutions.

B.M.B.

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*Curriculum Study*

On October 1, 1955, the Council on Social Work Education launched its comprehensive Curriculum Study. The purpose of the study is to answer some selected questions about social work education through an examination in *depth* rather than a survey. Among these questions are: (1) What is the appropriate distribution of the social work curriculum on the graduate and undergraduate levels? (2) What is the place of social policy in the social work curriculum? (3) What are the ingredients of generic and specific education in social work? The study aims to cover the major areas of the social work curriculum and will give particular attention to the knowledge, attitudes, and skills that social workers should have or develop about the public social services and the formulation, evaluation, and implementation of public social policy.

The study is financed through contributions from foundations, agencies, and federal departments. The study staff consists of Dr. Werner W. Boehm, director and coordinator, who is on leave of absence from the University of Minnesota School of Social Work; Professor Irving Weissman,

associate director for the Public Social Services Study, who will join the staff in May 1956, on a leave of absence from the Tulane University School of Social Work. The study has also secured the services of Professor Eveline Burns of the New York School of Social Work as staff adviser on public social policy, and of Professor Phyllis Osborn of the School of Social Administration of the University of Chicago as staff adviser on public social services. John J. Horwitz, associate director in charge of the Rehabilitation Study, previously occupied the position of special consultant to the Deputy Mayor of New York City. Ruth Butler, associate director in charge of the Human Growth and Behavior Study, will join the staff in April 1956. She is at present research associate at the Harvard University School of Public Health.

The study staff will be assisted in the development of the design by a technical advisory panel composed of social work researchers and personnel from the field of curriculum construction. The various content areas of the study will be determined with the assistance of advisory panels which will include representation from social work practice and social work education.

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## BOOK REVIEWS

**KNOW YOUR SOCIAL SECURITY.** By Arthur Larson. New York: Harper and Brothers, 1955. 220 pp. \$2.95.

This country is exceptionally fortunate at the present time in having an Undersecretary of Labor who is both an expert in social security and an enthusiastic exponent of the social insurance approach. Mr. Larson, who prior to his appointment as Undersecretary was professor and dean of the Law School of the University of Pittsburgh, is the author of a standard book on the Law of Workmen's Compensation, and, as readers of his research report for the Third American Assembly on Income Security know, he has a gift for clear and pungent writing.

This book, it is claimed, will "give you everything you need to know about social security in a form that is simple, readable and complete." Readable and simple the book is, but it is not complete. Except for the first fifty pages the author deals only with Old-Age and Survivors Insurance, and even the introductory section devotes only ten pages to other social security programs. While the introductory section deals with a number of current issues and misconceptions concerning OASI, the treatment of some is not very exhaustive (such as the problems involved in reserves versus pay-as-you-go financing) while others (such as the question of wage and payroll taxes versus general revenues) are scarcely touched on.

But when this has been said, it must be added immediately that within the area actually covered by the book and for the groups for whom he is writing—businessmen, labor officials, employment offices, and teachers—Mr. Larson has shown his usual skill in simplifying the complex and in making the task of the reader a pleasure. He did not mention social workers among

his potential readers but most of them could study this book with profit.

In the introductory sections he states, colloquially and forthrightly, the case for the social insurance approach to income security and refutes the charges still made in some quarters that such social provision will destroy initiative, limit freedom, and destroy self-respect. Even he, however, asserts that "it is elementary that benefit levels in a public income-insurance system must be kept at a point substantially below actual earnings," a view that allows for no distinction between beneficiaries who are potentially employable and those, like the infirm aged or the totally disabled or the mothers of young children, who may not be potential members of the labor market. And it is curious that he does not seem to feel that private supplementary pensions added to social security benefits would have the same bad effects.

For social workers the main value of the book lies in the explanation of how the OASI system works. The author gives the legal provisions, moving gradually from the simple to the complex, and then explains them by example and detailed calculation. He covers eligibility, benefit computation, methods of determining average monthly earnings and the like, as well as the responsibilities of employers. Only those who have struggled with the complexities of the 270 pages of the current *Compilation of the Social Security Act* can fully appreciate the skill required to select appropriate examples in order to cover the various contingencies and significant legal provisions. Those who have not followed closely the various amendments and the congressional hearings thereon will be especially grateful for the way in which the author explains the reasons underlying provisions which often seem

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arbitrary or meaninglessly complex. In a future edition (and it is to be hoped that this simple exposition of the OASI system will soon be made available in a paperback edition) two corrections would seem indicated. First, it is not the case that people who do not come under the 1954 formula for benefit determination and who use the 1939 formula are denied the benefit of the "drop-out" as stated on page 84. Second, the reference on page 86 to the "conversion table" in the case of those whose average monthly wage is less than \$130 and whose benefits are determined by the 1952 formula is rather misleading. It would be more accurate to say that the monthly benefit as calculated by the formula is increased by \$5.

EVELINE M. BURNS

*New York School of Social Work*

**EARNING OPPORTUNITIES FOR OLDER WORKERS.** Edited by Wilma Donahue. Ann Arbor: University of Michigan Press, 1955. 277 pp. \$4.50.

At the outset it may be well to state what this book is *not*, for the title may be misleading, especially to those older workers who are eagerly seeking opportunities to work and to earn. The individual in need of help will find little specific advice of immediate use to him in solving a personal situation. The book is a symposium—a well-edited collection of presentations made at the University of Michigan Sixth Annual Conference on Aging by an impressive group of people who are concerned with the day-to-day problems of older workers as well as with the broader aspects of employment in our economy.

The keynote is set in the first paper by former Secretary Hobby who stresses the urgency of establishing new economic, social, and human values for older members of our population and for finding new ways of using these for the common good.

The first three sections all deal with the

well-known barriers to continued employment of older workers and their re-employment once they are jobless. The highly technical issues of pension and insurance costs—whether privately or publicly financed—and union and management thinking on employment and retirement policies are ably discussed. The statements on the physical, psychological, and human factors that must be taken into consideration in counseling, training, and employing older workers indicate the paucity of actual knowledge of what happens to a worker *as he ages*, and how much more we must learn before we can plan as wisely as we would. Women, now approximately one-third of the labor force, become special targets for prejudicial practices once they become "older women." Some projects reported can be valuable both to employers and to communities in developing opportunities for their womanpower.

The reports on adapting jobs to the needs of older workers and experience in creating new earning opportunities for such workers make interesting reading. However, all represent definite compromises with the main problem of finding effective methods of keeping older workers in the regular labor force where most of them, as admitted by contributors to the volume, prefer to be. Without minimizing these laudable efforts to deal with a baffling economic and social problem, it is nevertheless to be hoped that they will be judged as the compromises they are rather than as final and fully acceptable answers to the employment difficulties faced by older people in increasing numbers today. If *truly large plans* are not laid soon, they will be faced by far too many more tomorrow.

The book closes with one of the late Martin Gumpert's delightfully phrased pleas for discovering the less material but highly important values of life in old age.

OLLIE A. RANDALL

*Community Service Society of  
New York*

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**PSYCHOANALYSIS AND THE EDUCATION OF THE CHILD.** By Gerald H. J. Pearson. New York: W. W. Norton & Co., 1954. 357 pp. \$5.00.

To the average citizen, lay or professional, the relationship of psychoanalysis to education may seem remote. Actually, however, as the author points out in his introduction, the two disciplines have a definite bond in that both focus on a common objective, "to enable the person to live comfortably with himself and in a social group." Especially is this true of modern education which, in contrast to traditional pedagogy based on the formal acquisition of knowledge, addresses itself increasingly to social adjustment through the development of mature personal relationships in a healthy school climate.

Dr. Pearson, distinguished psychoanalyst and coauthor of the well-known *Emotional Problems of Living* has, in this new and scholarly volume, undertaken to show the contributions which knowledge of the ego gained by psychoanalytic research can make to the field of education. He does this by demonstrating that the learning process is a part of the functions of the ego and that psychoanalytic studies based on the ego have yielded data which are important in understanding how the child learns. Research into the development and dynamics of the ego has brought knowledge of the psyche into closer connection with data discovered by educational psychologists, and psychoanalysis has, therefore, a very real contribution to make to the general field of education.

In the course of his detailed, sometimes involved, but always provocative discussion, Dr. Pearson has some critical things to say about progressive as well as traditional education. He deplors the disappearance of ideals and moral values in present-day educational philosophy because, as he points out, the development of civilization has always gone hand in hand with the development of ideals. "At present," he states,

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"many persons, including many psychoanalysts, are quite concerned about the status of ideals in this country and the teaching of ideals in the education of children." Elsewhere he continues: "I would take issue with the extremely progressive educators who seem to believe that the lore of the past has no importance for the child in the present. . . . The superego and the ego ideal contain the heritage of the traditions of the past in any given culture, and it is through them that the culture continues to exist and develop."

In the opinion of this reviewer, the most valuable portion of the book is the final section, "Psychoanalysis and the Moral Sense." In these chapters the author addresses himself to such pertinent topics as the task of education in the development of the superego, democracy and democratic ideals, parent-teacher relationships, the importance of greater collaboration between educators, educational psychologists, and the psychoanalyst, as well as the better selection and training of teachers and the social organization of schools. Somewhat startling is the author's plea for a consulting psychoanalyst in every school. Desirable though this might be, one wishes that he had, in addition, noted the value of school social workers and counselors. Except for a passing reference, nowhere is there any mention of the role played by clinically trained social workers and counselors in assisting educators to meet the emotional problems of children in a school setting.

Although addressed chiefly to educators, Dr. Pearson's book, the first work of its kind published in English, has value for social workers and clinicians, particularly those concerned with the ever widening aspects of helping troubled children.

GLADYS E. MEYERAND

*Bureau of Child Guidance*  
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**SOCIAL GROUP WORK: PRINCIPLES AND PRACTICES** (revised and enlarged). By Harleigh B. Trecker. New York: Whiteside, Inc. 442 pp. \$5.75.

This book is intended to be an introduction to social group work as it has developed and as it is being practiced in the setting of social agencies. It does a remarkably thorough and explicit job in defining principles and describing practices, illustrating both with a careful selection of group records and diagrams usable for teaching.

The text is comprehensive in scope, clear in expression, and mature in thought. It reflects well the broader strides and deeper borings that social group work has made during the past decade. There are liberal references, in text and bibliography, to the advances in social work and social science research which contribute to a better understanding of the importance of group life in a democratic society. Learnings from practice and research are combined in an interesting way. The reader will find summarized much important knowledge about the role of groups, their influence on individual behavior, and the dimensions of interaction among group members.

Dean Trecker puts the floodlight upon what he calls "the group work whole" and then focuses the spotlight upon the elements of that whole, namely the *individual* in the *group* in the *social agency-community setting* with a *social group worker*. He explains with clarity the complicated aspects of process and program which must be managed simultaneously by the group worker.

The chapters on understanding and working within agency setting and objectives in social group work are unusually thoughtful. And to this reviewer they are unusually important because the inadequate formulation and understanding of agency function and policy are at the root of so many group work practice problems. The discussions on understanding and working with the individual describe the general

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Community Organization in the Health Field

JUNE 18-23

Sieder, Violet M., and  
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1. Psychiatric Concepts in Casework Treatment
2. Differential Diagnosis and Treatment in Casework
3. Supervision in Casework, Section I

JUNE 18-29

Fountain, Gerard, M.D.

Meier, Elizabeth G.  
Bellsmith, Virginia S.

#### INSTITUTES, SERIES II

1. The Psycho-Social Development of the Normal Child
2. Problems of the Practitioner in Rehabilitation
3. Supervision in Casework, Section II
4. Short Term Treatment in Casework

JULY 9-20

Green, Sidney L., M.D.

Stamm, Isabel  
Hamilton, Louise  
Berengarten, Sidney

differences between group work and case-work help to individuals and the relationship between the two methods. The group worker's requirements for understanding and working with the community are emphasized in a stimulating chapter which touches also on helping groups relate to the community, planning for group work, and group work with hard-to-reach groups.

The chapters dealing with social group work as a method in social work, the worker, developing positive professional relationships, program development and evaluation are filled with excellent materials. The author has apparently elected to cover only briefly some topics such as recording and group work in special settings which are described more fully in other books. It is unfortunate that space limitations allowed so little amplification of such topics as developing responsible group participation and developing group controls.

This volume says clearly what has not yet been said enough and accepted suf-

ficiently: social group work has a *dual* purpose of individual and group growth. The evidence appears compelling to this reviewer that social work's concern for human development and relationships must increasingly take into account both individual and group growth and the impact of group life upon individual and community.

It is an enlarged, revised, and reorganized version of a much-used text written seven years earlier. But the additions are so numerous and the modifications so refined that for all practical purposes it must be considered a new book. This basic text is recommended for the group work student, the group worker who wants to improve his insight and skill, and the seasoned social worker other than the group worker who has been promising himself to become better acquainted with social group work principles and practices.

JACK STUMPF

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COMMUNITY ORGANIZATION: THEORY AND PRINCIPLES. By Murray G. Ross. New York: Harper and Brothers, 1955. 239 pp. \$3.00.

This work sets out a theory of community organization practice within a social science conceptual framework. Relationships to psychodynamic theory are indicated in such a way as to help clarify the social science base for all social work.

The author begins with a presentation of major concepts, developing this material to establish the direction of his analysis. The crucial distinction between the key concepts of *geographic community* and *functional community* is drawn sharply in such a way as to clarify the relationship of the "welfare community" to its geographic setting. Appropriate community organization roles respecting each become explicit later. Community organization is seen as a social work process based on sociocultural theory. A central goal is "the initiation and nourishment of a process through which all the people of a community are involved, through their representatives, in identifying and taking action in respect to their own problems," in such a way that there results an increased capacity to act co-operatively in solving common problems.

Dr. Ross sees community organization as derived from a frame of reference having a fundamental value orientation stemming from "the expansion of traditional religious values to form a basis of social work philosophy." He cites as some of social work's "articles of faith" a belief in the essential dignity and ethical worth of each individual, the importance of freedom for individual expression, a great capacity for growth within all social beings, the right to basic physical necessities and to help in time of need. Among similar tenets, emphasizing the social postulates of the profession, the author identifies: a social organization for which the individual feels responsible and which is responsive to his needs, a social climate encouraging to individual growth,

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the practicability of discussion, conference and consultation as methods for the solution of problems.

Moving from this exposition, the author uses explanation and illustration to make explicit seven assumptions which influence method. Among them: that communities can develop capacity to deal with their own problems, that self-developed changes in community living have a meaning and a permanence imposed changes do not have. From this set of assumptions are advanced a number of hypotheses concerning community life.

The implications for social work of this theory become clearest in the book's three final chapters. Two of these are devoted to an enunciation of principles through which theory is expressed in process, and the third develops the author's conception of the role of the social worker in community organization work. Dr. Ross sees the professional worker primarily as a "guide" helping the

community establish and find the means of achieving its own goals, but he identifies corollary elements — the worker as an "enabler" focusing discontent, encouraging organization, nourishing favorable interpersonal relations and emphasizing common objectives, always with a view to facilitating process; as an "expert" who brings skill in diagnosing community problems, in using research methods, in the evaluation and interpretation of process, and as one who is familiar with methods of organization and the availability of resources. More tentatively he outlines a role as "social therapist."

Professor Hendry's introduction quotes Lewin's epigram: "Nothing is more practical than a good theory." Dr. Ross has demonstrated this convincingly for social work.

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COMMUNITY PROGRAMS FOR MENTAL  
HEALTH: THEORY, PRACTICE, EVALUATION.  
By Ruth Kotinsky and Helen L. Witmer,  
eds. Cambridge, Mass.: Harvard Uni-  
versity Press. 358 pp. \$5.00.

Most of the uneasy feelings and hidden  
doubts about mental health promotion and  
education are brought to light in this com-  
pact, well-edited "symposium." In actu-  
ality, as the editors point out, this is a col-  
lection of writings and an actual symposium  
was not held, but "the time for one may  
soon be ripe." The real value of the vol-  
ume is its forthright exposure of the prob-  
lems in theory, practice, and evaluation in  
the mental health education field—a spring-  
board for further intensive and systematic  
exploration of the enormous perimeter of  
mental health education.

The reader is immediately impressed by  
the vigorous way in which Sol Ginsburg, in  
Part I, discusses the theoretical assumptions  
of the mental health movement. Ginsburg  
makes explicit the implicit assumptions on  
which much of mental health education is  
based, pinpointing those theoretical as-  
sumptions that require much validation  
before they can truly be said to be realistic  
and applicable. The best that Ginsburg  
can attribute to the many theories under-  
lying this effort is that they rest on tenuous  
grounds. That the practices which stem  
from these theories are open to question  
becomes clear in a quotation from Ride-  
nauer who asks, "What criteria do we have  
as to the effectiveness of our educational  
techniques?" and replies "The sad answer  
is: none to speak of. The amount of wish-  
ful thinking which goes on with respect to  
educational methods is appalling. . ."  
Ginsburg calls for a reformulation of goals,  
expectations, and means based on study,  
research, self-criticism, "and by a frank  
facing of inadequacies and lacks." He looks  
to a future in which the mental hygiene  
worker ideally would have a new and dif-  
ferent type of training and experience,  
based in psychology and psychoanalysis,

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sensitive to the problems of community relationships, and skilled in group techniques and in the techniques of mass communication. Ginsburg makes the challenging suggestion that "such training may well grow out of modification of education for psychiatric social work, which, at first glance at least, seems the most suitable jumping-off place." Quite a tall order for professional education in our field!

Part II deals with current practices. Tufts, de Schweinitz, Chamberlain, and Biber contribute to this part of the volume, which attempts to survey the work being done in the field of mental health promotion by describing typical programs in a variety of settings. In many ways this section reveals the unevenness, infinite variety, and, on the whole, sketchy material at hand from which a definitive methodology can be developed in this field based on present knowledge and practice. It seems abundantly clear that since the new frontier opened in mental health and pathology some fifty years ago, the great advances in knowledge and skill have accrued chiefly in the area of treatment of the mentally ill. Compared to the developing art and science of psychotherapy, the "promotion of positive mental health" has been developing in sporadic, hit-or-miss fashion. One only has to attempt to answer the question "What is mental health?" to discover how far the field is from scientific endeavor.

Howe and Jahoda discuss the evaluation of mental health programs in Part III, and describe the elusiveness of the subject matter and the extreme difficulties of evaluating mental health programs. Howe's paper strikes this reader as a fine summary of the over-all problem vis-a-vis evaluation and validation. Her paper, combined with Jahoda's on the impact of community influences on the mental health of the individual, might very well be the "working papers" from which an intensive seminar by practitioners, researchers, and theorists in the field could take off for profitable and rewarding joint work.

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Putting the mental health education house in some order is a priority need. Kotinsky, Witmer, and the writers have provided the field with a useful baseline toward this goal.

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**THE SELECTION OF STUDENTS FOR SCHOOLS OF SOCIAL WORK.** New York: Council on Social Work Education, 1955. 84 pp. \$1.50.

It is a challenge to do justice in a brief review to this excellent monograph recently published by the Council on Social Work Education. Prepared by the Committee on Admissions of the council, it will be of interest to the entire profession and merits thorough study by all those more directly concerned with professional education, in agencies as well as schools. The first two sections present the deliberations of the 1953 National Workshop on Admissions, held first in St. Louis, later in New York City. Section III is a report of the progress in implementation in 1954 and 1955 of recommendations made by the workshop.

For those who did not have the opportunity to participate in the workshop, there is compensation in sharing through this report a stimulating, enriching experience. The St. Louis program was concerned with the total admissions process. The opening address by Charlotte Towle, "The Selection of Students for Social Work Education," is a particularly valuable contribution in its delineation of the qualities sought in social work students, the potentials for change, and the importance of a more scientific approach to the difficult task of evaluation and prediction.

In another paper Miss Towle discussed the conditions which led to the use of the written autobiography and certain weaknesses which would indicate less extensive reliance on it as a means of evaluation. One outstanding limitation lies in "its lack of opportunity to test adap-

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tive capacity and the rigidity of defenses." It is her opinion that "... a biographical inquiry should lie narrowly focused to those areas of the individual's life which in his eyes would be *clearly relevant* in establishing his eligibility for the profession."

With emphasis on the process of admissions as a first step in the learning process, the workshop studied administrative aspects, the tools used—the application form, the autobiography, the reference letters, the use of the dynamic preadmission interview. The assessment of individual candidates, including their progress in school and suggested methods of evaluating the admissions process, is especially interesting.

The workshop meetings held in New York City focused on the interviewing process as applied to student selection. In addition to illustrative material from the New York School of Social Work's pilot study, each workshop participant was given the opportunity to interview one or two candidates, with careful study and analysis of the interview content and method.

Section III is of immediate practical help in improving admissions procedures. The Committee on Admissions in its continuing study and implementation of the workshop recommendations delineates principles used in developing an application form. Suggested forms for application and for autobiography are presented. Noteworthy in the latter is the aim of the instructions to focus the candidate's thinking toward learning rather than a backward glance on the past solely for its own sake. Further reports concern the establishment of the national roster of interviewers, the development of self-study methods, and greater use of knowledge of the student gained in the admissions process in the educational experience, particularly in student advisement and field work placement.

The Committee on Admissions is to be congratulated on this stimulating report which can be of real help to the profession seeking to select the truly educable.

MARGARET VICKERY

*Adelphi College School of Social Work*

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FURTHER INFORMATION AND APPLICATION FORM ON REQUEST

I want to congratulate the Committee on Publications for the excellent job in connection with Vol. 1, No. 1, of *SOCIAL WORK*. If we continue to put out a periodical of this kind, it will have an important effect on the profession.

CHARLES SCHOTTLAND

*Commissioner  
Dept. of Health, Education, and Welfare*

When Vol. 1, No. 1, of *SOCIAL WORK* hit my desk, my reaction after a quick thumbthrough was "Hey! Big league stuff!" Since that day last month, I've taken every opportunity to read its contents, and my first impression has been confirmed. The new journal is really a mark of achievement for the professional organization. To all who labored to put out the first issue go my congratulations.

SYDNEY B. MARKEY

*Health and Welfare Council  
Philadelphia*

*(To Mr. Schottland, Mr. Markey, and all of you who sent the journal your kind words and good wishes—many thanks. ED.)*

Chauncey Alexander and Charles McCann's article on "The Concept of Representativeness in Community Organization" invites my particular comment. One of its contributions to professional thinking is that it heads off the indiscriminate use and even abuse of the representative idea. There has been a growing tendency for communal organizations to expand their authority by virtue of a so-called "broad base of representation." This is sometimes expressed by an agency's attempt to "speak for" a group, a field, or even a community . . . sometimes by an organization's readiness to take on new functions as a result of the sense of authority which comes from misunderstanding of representativeness.

The reference to "authorized functioning . . . in behalf of . . . others" merits careful understanding. A medical association may appoint or elect a doctor member to serve on the board of a children's agency. As the article makes clear, this does not authorize the agency to act in the

name of the association whose representative participated in the agency's decision.

The concept of representation on social and communal agency boards has quite a different objective. Rather than serving the purpose of making the agency "representative" or as some claim "democratic," it is most useful in helping the agency carry out its announced function and program. A community chest should have representatives of organized labor, industry and finance on its board primarily because such representation will help it carry out its fund-raising function more effectively; a family service agency has every reason to have a representative of the board of education on its governing body because cooperation of the local school system is essential to the agency's successful functioning.

WILLIAM AVRUNIN

*Jewish Welfare Federation of Detroit*

The social work profession is indebted to the keen observations of Professor Eaton in his paper "Whence and Whither Social Work?" in the January issue. As social workers we concur wholeheartedly with most of his formulations; a few would seem to bear further examination. For instance, is it really objectively so that shortage of available trained personnel "forces even agencies with a policy favoring the raising of training standards to hire persons with little or no training for functions they regard as being professional"? Is the implication that need for service in itself justifies abandoning the conviction that professional equipment is required to give such service? How firm can the confidence be in the professional skill which, in a pinch, can be mastered by one with no training for it?

Why might not social work take courage from those professions, notably medicine and clinical psychology which, during periods of huge demand for service, refrained from meeting it with substandard personnel and instead successfully pressed for training, under attractive conditions, of sufficient qualified practitioners for the sustained benefit of both patient and community?

KURT FREUDENTHAL

*Baltimore, Maryland*

*Social Work*